



MDS Resources

Employee Termination Form

Client Name: _____ Employee Name: _____
Employee Social Security Number: _____

Employee Incident Information (to be completed and signed by the supervisor)

Occupation: _____ Department: _____

Date of Termination: _____ Time of Termination: _____

Location of Termination: _____

Witnesses: _____

Reason for termination: _____

Prior warnings/disciplines : _____

Nature of termination (circle one): Fired Quit Position Downsized Other (explain)

Supervisor Name: _____

Supervisor's Signature: _____ Date: _____

Employee Statement

I (_____)hearby acknowledge that all the information contained in this report surrounding my termination is accurate:

Employee Signature: _____ Date: _____

Note: Any additional comments you feel are pertinent to an investigation of this incident can be made on a supplemental sheet and attached.