



# VOLUNTARY TERMINATION NOTICE



<b>For Office Use Only</b>	
Date Entered:	_____
Clerk Initials:	_____
<b>Quit on the Spot?</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

This notice is to be filled out at least two (2) weeks prior to the last working date. Failure to give a full notice may result in a **“no” rehire status**.

Name: \_\_\_\_\_ EID#: \_\_\_\_\_

Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt, Unit, etc. (Optional) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I plan on terminating on the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_. This will be the last day that I am working.

\_\_\_\_\_ I have discussed my reason(s) for termination with my Supervisor. If I have not, I understand that I should inform my Supervisor of my intent to terminate my employment.  
Initials

\_\_\_\_\_ I understand that if I am having problems at work, I can discuss any issues with my Supervisor, my Manager or Human Resources Management.  
Initials

\_\_\_\_\_ I understand that on my last day of work, I can pick up my final paycheck from ESO.  
Initials

\_\_\_\_\_ I understand that on my last day of work, I must turn in all Company property, including uniforms, ID Cards, communication devices, keys, etc.  
Initials

\_\_\_\_\_ I understand that failing to work my shifts up through the date I have listed above as my final work day, may result in a “No” rehire status & an inaccurate final paycheck.  
Initials

**Reason for Terminating:** (*Check ONE Only—if more than one reason applies select the primary reason and write additional comments at the bottom.*)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dissatisfied with Job*        | <input type="checkbox"/> Military                           | <input type="checkbox"/> Too Few Hours*                     |
| <input type="checkbox"/> Dissatisfied with Salary*     | <input type="checkbox"/> Moved Out of Area                  | <input type="checkbox"/> Too Many Hours*                    |
| <input type="checkbox"/> Dissatisfied with Supervisor* | <input type="checkbox"/> Other Job                          | <input type="checkbox"/> Transportation Problems            |
| <input type="checkbox"/> End of Season                 | <input type="checkbox"/> Vacation                           | <input type="checkbox"/> Undesirable Work Schedule*         |
| <input type="checkbox"/> Family Problems               | <input type="checkbox"/> Retirement                         | <input type="checkbox"/> Unsatisfactory Working Conditions* |
| <input type="checkbox"/> Medical                       | <input type="checkbox"/> School Activities/Return to School | <input type="checkbox"/> Personal (Comment Below)*          |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date