



# VOLUNTARY TERMINATION NOTICE



<b>For Office Use Only</b>
Date Entered: _____
Clerk Initials: _____

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: \_\_\_\_/\_\_\_\_/\_\_\_\_. My last scheduled shift up until the effective date above is the following date: \_\_\_\_/\_\_\_\_/\_\_\_\_. This will be the last day that I am working.

\_\_\_\_\_  
Initials 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.

**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