



Temporary Termination Report

Note: This is only for employees who are expected to be rehired within one year from the date of termination.

Legal Name: _____

Position: _____ Department: _____

Termination Date: _____ Mail Final Paycheck? ____ Yes ____ No

Expected Return Date: _____

Reason for Termination (Check one):

- | | |
|--|--|
| <p><u>Voluntary</u>
(Attach Notice)</p> <p><input type="checkbox"/> Health Reasons</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Returned to School</p> <p><input type="checkbox"/> Other (Specify Below)</p> | <p><u>Lack of Work</u></p> <p><input type="checkbox"/> End of Season</p> <p><input type="checkbox"/> End of Temp. Assignment</p> <p><input type="checkbox"/> Other (Specify Below)</p> |
|--|--|

If Other, Specify: _____

Employee Evaluation (Check one):

- | | | | |
|---|---|---|---|
| <u>Attendance</u> | <u>Cooperation</u> | <u>Initiative</u> | <u>Quality of Work</u> |
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Excellent | <input type="checkbox"/> Excellent | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Good | <input type="checkbox"/> Good | <input type="checkbox"/> Good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Satisfactory |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Fair | <input type="checkbox"/> Fair | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Unsatisfactory |

Additional Comments: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

For Administrative Office use only

Employee's Last Day Worked: _____

Final Check? ____ Yes ____ No

Administrative Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Official Re-hire date: _____

Background check needed? ____ Yes ____ No If Yes, date sent: _____

Administrative Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____