3420 N. Santa Fe
Oklahoma City, OK 73118
Phone: 405-917-1020
Fax: 405-972-4777
www.partners-hr.com

SEPARATION NOTICE

Employee Information: (To be completed by employee's supervisor)

Employee Name: _____ Worksite Employer: _____

Hire Date: _____ Last Day Worked: _____ Separation Date: _____

Names of Persons Present for Separation Meeting: _____

_____

Separation Details:

Voluntary Resignation	**Involuntary Termination**
☐ Better Job	☐ Layoff
☐ Dissatisfied	☐ Unsatisfactory Performance
☐ Returned to School	☐ No Show – No Call
☐ Marriage	☐ Absenteeism
☐ Health	☐ Insubordination
☐ Other: (please explain)	☐ Other: (please explain)

Note: All involuntary terminations except layoff will normally have documents from meetings prior to the termination. Please forward copies of those documents with this form if they have not already been forwarded. Use other side or new sheet if additional space is required.

Final Employee Evaluation:

	Exceeds Standard	Meets Standard	Below Standard
Quality	☐	☐	☐
Quantity	☐	☐	☐
Judgement	☐	☐	☐
Attendance	☐	☐	☐
Initiative	☐	☐	☐

Would you rehire? ☐ Yes ☐ No

If no, please explain: _____

_____

Employee: _____ Date: _____

Partners HR: _____ Date: _____