



# VOLUNTARY RESIGNATION TERMINATION/SEPARATION (REASSIGNMENT) FORM

For resignation or employee termination (reassignment)

This form is mandatory for all employee terminations (reassignment) within 24 hours of separation..

Client \_\_\_\_\_  
EE# \_\_\_\_\_

EMPLOYEE NAME	EMPLOYEE CLOCK #	CLIENT NAME
SOCIAL SECURITY NUMBER	FIRST DAY WORKED	LAST DAY WORKED

PLEASE CHECK BELOW ANY OF THE FOLLOWING THAT APPLIES, THEN DESCRIBE CIRCUMSTANCES:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>VOLUNTARY RESIGNATION</b> | <input type="checkbox"/> <b>TERMINATION/SEPARATION (REASSIGNMENT)</b> |
| <input type="checkbox"/> Absenteeism/Tardiness        | <input type="checkbox"/> Misallocation of funds                       |
| <input type="checkbox"/> Violation of Company Policy  | <input type="checkbox"/> Under the influence of illegal substances    |
| <input type="checkbox"/> Harassment                   | <input type="checkbox"/> Misconduct                                   |
| <input type="checkbox"/> Violation of Safety Rules    | <input type="checkbox"/> Damage/Removal of Property                   |
| <input type="checkbox"/> Falsification of Records     | <input type="checkbox"/> Insubordination                              |

**DESCRIPTION OF CIRCUMSTANCES** (PLEASE BE SPECIFIC INCLUDING NAMES, DATES AND TIMES):

---

---

---

---

---

---

---

---

Has this employee been previously warned?  YES  NO If yes, when: \_\_\_\_\_

**EMPLOYEE COMMENTS** (Use back if necessary) \_\_\_\_\_

---

---

---

---

---

---

---

---

In the event of termination, failure to contact the leasing employer for reassignment or refusal of assignment may result in the loss of unemployment insurance benefits under Section 1253(e) and 1257(e) of the California Unemployment Insurance Code. StaffPay must retain the ability to discipline employees where it determines that such action is warranted by the circumstances. Although all employment relationships are terminable at will, at any time, either at the employee's option or at the option of the company, the company may exercise its discretion to administer a system of progressive discipline in cases where it deems appropriate to do so. That system may include various forms of discipline including verbal counseling, written counseling and termination. However, as progressive discipline is not mandatory or binding, StaffPay and the Client Company reserve the right to deviate from any formal system of discipline. Signing this form does not necessarily indicate guilt but indicates that the employee has thoroughly reviewed this document.

I have not received an industrial injury or illness during my course of employment with Emplicity. Employee's initials \_\_\_\_\_

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE FAX IMMEDIATELY TO EMP LICITY CLIENT SERVICES @ (714) 668-1399**  
**All final wages have been reported to Emplicity Inc. \_\_\_\_\_ (employer to initial)**

<b>For Emplicity Use Only</b>									
Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Garnishments	<input type="checkbox"/> Yes <input type="checkbox"/> No	401K	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accrual	<input type="checkbox"/> Yes <input type="checkbox"/> No