

PRIORITY BUILDING SERVICES, LLC

TERMINATION/SEPARATION REPORT

| | | |
|--|---|---|
| Employee Name (Last, First, MI): _____ | | S.S.#: _____ |
| Company Name: _____ | Position: _____ | Employee Number: _____ |
| Client Co. #: _____ | Hire Date: _____ | Today's Date: _____ |
| Last Day Worked: _____ | Last Pay Date: _____ | |
| Type of Separation (Check one) | | |
| Resignation (attach letter) <input type="checkbox"/> | Dismissal <input type="checkbox"/> | Retirement <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> |
| Layoff <input type="checkbox"/> | Other <input type="checkbox"/> _____ | Mail Check : <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason for Termination (Check one) | | |
| Absenteeism/Tardiness <input type="checkbox"/> | Job Change <input type="checkbox"/> | Personal <input type="checkbox"/> Reduction in Force <input type="checkbox"/> |
| Performance <input type="checkbox"/> | Violation of Policies/Procedures <input type="checkbox"/> | Company Shut Down <input type="checkbox"/> |
| Other <input type="checkbox"/> _____ | | |

| EMPLOYEE EVALUATION | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Unsatisfactory | Fair | Satisfactory | Good | Excellent |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Productivity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mgmt. Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| RECOMMENDATION | | |
|---|--|--|
| Without Reservation <input type="checkbox"/> | With Some Reservation <input type="checkbox"/> | Would not Recommend <input type="checkbox"/> |
| Eligible for Rehire: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state reason : _____ | | |

Notes: _____

Supervisor Signature: _____ Date: _____

OPS Manager Initial: _____ RM Initial: _____ HR Initial: _____ Vacation Due? Y / N

Final Check Date: _____ Final Check Number: _____ VAC HRS DUE: _____