



# Howard Leasing II, LLC

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## TERMINATION FORM

CLIENT NAME \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SSN \_\_\_\_\_ SALARY/HOURLY WAGE \_\_\_\_\_

FIRST DAY WORKED \_\_\_\_\_ LAST DAY WORKED \_\_\_\_\_

### **REASON FOR TERMINATION**

PLEASE PROVIDE FULL EXPLANATION INCLUDING NAMES OF SUPERVISORS OR WITNESSES INVOLVED IN TERMINATION OF EMPLOYEE. (PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION)

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### **REPRIMANDS, DISCIPLINARY ACTIONS, WARNINGS**

PLEASE PROVIDE DATES AND DOCUMENTATION (VERBAL OR WRITTEN) THAT LED TO TERMINATION: (PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION)

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### **PLEASE HAVE EMPLOYEE SIGN ON LAST DAY OF WORK**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE FAX TO HOWARD LEASING IMMEDIATELY UPON TERMINATION