



staff administrators

**Employee Termination Form**  
Please fill out and return to Trigon Staff Administrators

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Terminated: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

**REASON FOR TERMINATION**

**Voluntary**

**Involuntary**

- Resigned with Notice
- No Call, No Show
- Retired
- Moved
- Labor Dispute

- Job Abandonment
- Resigned without Notice
- Relocated
- Personal
- E-Verify Voluntary

- Poor Performance
- Laid Off
- Violation of Policy
- E-verify Involuntary
- Transfer Company

Comments: (supporting information required to assist in processing unemployment claims): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Acknowledgement:**

My signature indicates that this notice has been discussed with me and that I understand its contents.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee Pay Acknowledgement:**

My signature indicates that I have received my final paycheck for all services performed.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_