

ACCORD

Associate Separation Form

Name: _____

Position Control Number: _____

Date: _____

Employer: _____

Last Day Worked: _____

Termination Date: _____

Housing Address: _____

Last Day in Housing: _____

Job Title: _____

Cost Center: _____

Supervisor: _____

Eligible for Rehire: _____

Voluntary Resignation as Stated by Associate (Check one)

Involuntary Termination (Check one)

- Secured better position
- Dissatisfied (type of work)
- Dissatisfied (salary)
- Dissatisfied (supervisor)
- Dissatisfied (working conditions)
- Generally dissatisfied (explain below)
- Poor health or physical condition
- Returned to school
- Pregnancy
- Family or personal circumstances
- Marriage
- Early retirement
- Mutual agreement (company/employee)
- Other (explain) _____

- Unsatisfactory performance
- Absenteeism or tardiness
- Inability to do work
- Insubordination
- Lack of cooperation
- Violation of rules
- Dishonesty or theft
- Overstayed leave of absence
- Retirement
- Reduction in workforce
- Misconduct
- Disruptive influence on workforce
- Other (explain) _____

Reason for Leaving (Supervisor or Department Head's statement)

COBRA ELECTION: _____ yes _____ no

Associate Separation Form

LIST ALL EQUIPMENT RETURNED: (note condition)

LIST ALL EQUIPMENT NOT RETURNED: (note value)

Associate Loans Unpaid: \$ _____

Amount Paid from Final Check \$ _____

Loan Balance: \$ _____

By signing in the area marked "Associate Signature" below, the Associate promise to repay the Loan Balance as follows:

Associate Signature

Date

Supervisor Signature

Date

HR Only: SVR ___ RLS ___