



## EMPLOYEE LAY-OFF/TERMINATION FORM

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

Reason for leaving employment: (mark with an X)

Shortage of Work/End of Seasonal Contract     Quit     Illness/Injury     Dismissed  
 Maternity     Retirement     Leave of Absence     Compassionate Care  
 Other(Explain)\_\_\_\_\_

*Office Use*

Pay out Vacation Pay & Prepare R.O.E: \_\_\_\_\_

*Cheque Date*

Last day worked: \_\_\_\_\_ Will they return?     Yes     No

If no, please explain:

Briefly below, please evaluate person:

1. Attendance: (please comment)

\_\_\_\_\_  
\_\_\_\_\_

2. Attitude: (please comment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Ability to perform duties: (please comment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you recommend this person for re-hiring?     Yes     No    (Comment below)

\_\_\_\_\_  
\_\_\_\_\_

Team Leader/Supervisor Name \_\_\_\_\_

(print)

\_\_\_\_\_

(signature)