



# EMPLOYEE LAY-OFF/TERMINATION FORM

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

Reason for leaving employment: (Check off)

- Shortage of Work/End of Seasonal Contract
- Temporary Layoff (less than 13 Weeks) \*Expected Date of Recall: \_\_\_\_\_
- Quit
- Illness/Injury
- Dismissed
- Maternity
- Retirement
- Leave of Absence
- Compassionate Care
- Other (Explain)

For all representatives vacation pay will be paid out at the end of each termed seasonal contract. Remind them to provide current contact information for T4 purposes at the end of the year.

<p><i>Office Use</i></p> <p>Pay out Vacation Pay &amp; Prepare R.O.E: _____</p> <p style="text-align: right;"><i>Cheque Date</i></p>
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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 \_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)