



EMPLOYEE LAY-OFF/TERMINATION FORM

Employee Name: _____

Date: _____

Reason for leaving employment: (Check off)

- Shortage of Work/End of Seasonal Contract
- Temporary Layoff *Expected Date of Recall: _____
- 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 _____

(print name)

(signature)