



EMPLOYEE SEPARATION REPORT

Cardona Fabian Job Title and No.: **Quality Control** Soc. Sec. No.: **624-39-1617**
 Last Name First Name M.I. Date of Hire: **9-10-15** Term. Date: **2/9/16** Last Day Worked: **2/9/16** Rate of Pay: **13.00** Per: **HR**

REASON FOR SEPARATION

VOLUNTARY RESIGNATION	GENERAL	DISCHARGE
<input type="checkbox"/> TO LOOK FOR OTHER EMPLOYMENT <input type="checkbox"/> TO ACCEPT ANOTHER POSITION WITH <input type="checkbox"/> DISSATISFACTION WITH JOB/SALARY <input checked="" type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> MEDICAL/HEALTH REASONS <input type="checkbox"/> TRANSPORTATION PROBLEM <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> PERSONAL REASONS (NOT JOB RELATED) <input type="checkbox"/> ABANDONED POSITION (EXPLAIN) <input type="checkbox"/> FAILED TO RETURN FROM LEAVE OF ABS. <input type="checkbox"/> OTHER VOLUNTARY REASON (EXPLAIN) <input checked="" type="checkbox"/> REFUSED TO STATE REASON	<input type="checkbox"/> REORGANIZATION <input type="checkbox"/> TEMPORARY/SEASONAL WORK <input type="checkbox"/> PLANT CLOSING <input type="checkbox"/> LAY OFF/LACK OF WORK <input type="checkbox"/> HEALTH REASONS <input type="checkbox"/> UNABLE TO MEET JOB REQUIREMENTS <input type="checkbox"/> RELEASED DURING PROBATIONARY PERIOD <input type="checkbox"/> NOT AVAILABLE FOR WORK <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (SPECIFY) _____ GIVE COMPLETE DETAILS regarding reason for quit or final incident if a discharge: 	GIVE DETAILED EXPLANATION BELOW <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> REFUSAL TO FOLLOW INSTRUCTIONS <input type="checkbox"/> FALSIFICATION OF APPLICATIONS OR RECORDS <input type="checkbox"/> ABSENTEEISM/TARDINESS <input type="checkbox"/> INTOXICATION (ALCOHOL/DRUGS) <input type="checkbox"/> VIOLATED ESTABLISHED COMPANY RULE <input type="checkbox"/> DISHONESTY <input type="checkbox"/> OTHER MISCONDUCT (SPECIFY) _____ DATES OF PRIOR DISCIPLINARY ACTION RELATED TO THIS SEPARATION: _____
Yes No WAS LEAVE OF ABSENCE REQUESTED? <input type="checkbox"/> <input type="checkbox"/> WAS LEAVE AVAILABLE? <input type="checkbox"/> <input type="checkbox"/> WAS LEAVE GRANTED? <input type="checkbox"/> <input type="checkbox"/>	I wish to voluntarily terminate my employment for the reasons given above: _____ 	
_____ Employee Signature	For: <u>VIP Inc</u> _____ Company Name Signature Date: <u>2/9/16</u> Phone: <u>909 483 5924</u> <u>Director of Operations</u> Title or Position	
Date Notice Given: _____	I have read, understand and acknowledge receipt of a copy of this document. <input checked="" type="checkbox"/> _____ Employee Signature Date: <u>2/9/16</u>	
Yes No ELIGIBLE FOR REHIRE: <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Employee refused to sign. <input type="checkbox"/> Employee unavailable for signature, copy mailed.	

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