

## Termination Information Request Form

Company Name: \_\_\_\_\_

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

Last Day of Work: \_\_\_\_\_

Did the employee QUIT?

YES \_\_\_\_\_ or NO \_\_\_\_\_

Was the employee LAI D OFF due to LACK OF WORK?

YES \_\_\_\_\_ or NO \_\_\_\_\_

Please give FULL description of the reason for termination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Would you rehire this employee?

YES \_\_\_\_\_ or NO \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature for the Company)

\_\_\_\_\_  
(Date)