



Employee Status Form

Employee Name: _____

Date: _____

Employee ID #: _____

Job Site: _____

Last Date of Employment (if applicable): _____

Reasons for Leaving, Counseling Session, Warning or Termination:

- | | |
|-----------------------|--|
| 1. Other Employment | 9. Layoff |
| 2. Transportation | 10. Deceased |
| 3. Relocation | 11. Absenteeism/Punctuality |
| 4. Medical Reasons | 12. Insubordination |
| 5. Family Obligations | 13. Violation of Company Policies and Procedures |
| 6. Retirement | 14. Inability to Perform Job |
| 7. Abandonment of Job | 15. Insobriety, Alcohol and/or Drugs |
| 8. Contract Expired | 16. Other _____ |

Check One: Counseling Session Warning Notice Termination Voluntarily Quit

Warning Notices (Check One):

1st Warning-Verbal/Written 2nd Warning-Written 3rd Warning-Written

Choose all applicable numbers from the above listed reasons and include an explanation of the event that occurred:

_____ Explain: _____

_____ Explain: _____

_____ Explain: _____

Additional Comments: _____

Employee: _____
Print Name

Signature

Date

Supervisor: _____
Print Name

Signature

Date

Witness: _____
Print Name

Signature

Date