



TERMINATED EMPLOYEE REPORT

AmCheck requires that you report terminated employees within 48 hours of termination date.

FAX TO (480) 907-2488

Company Name		Client #
Employee Name (Last, First)		Social Security #
Hire Date ___/___/___	Last Day Worked ___/___/___	Separation Date ___/___/___
<input type="checkbox"/> This employee still requires a final check		Last Check Date ___/___/___ <small>(For AmCheck Use)</small>
<input type="checkbox"/> This employee has benefits		Benefit Coverage Ends ___/___/___ <small>(For AmCheck Use)</small>

<input type="checkbox"/> VOLUNTARY SEPARATION REASON: <input type="checkbox"/> Quit* <input type="checkbox"/> Accepted Other Work <input type="checkbox"/> Medical Reasons <input type="checkbox"/> Relocating Away From The Area <input type="checkbox"/> Personal or Family Responsibilities <input type="checkbox"/> Attending School <input type="checkbox"/> No Call/No Show <input type="checkbox"/> End of Season or Temporary Employment <input type="checkbox"/> Military <input type="checkbox"/> Failure to Return from Leave of Absence <input type="checkbox"/> Job Transfer Refusal <input type="checkbox"/> Job Dissatisfaction <input type="checkbox"/> Probationary Period <input type="checkbox"/> Other* <small>* Explain in Comments</small>	<input type="checkbox"/> INVOLUNTARY SEPARATION REASON: <input type="checkbox"/> Insubordination* <input type="checkbox"/> Repeated Tardiness / Absenteeism <input type="checkbox"/> Falsified Application* <input type="checkbox"/> Violated Company Rules* <input type="checkbox"/> Substandard Performance* <input type="checkbox"/> Sleeping On The Job <input type="checkbox"/> Foul or Abusive Language* <input type="checkbox"/> Destruction of Company Property* <input type="checkbox"/> Violation of Drug and Alcohol Agreement <input type="checkbox"/> Dishonesty / Theft* <input type="checkbox"/> Lack of Work / Laid Off <input type="checkbox"/> Other* <small>* Explain in Comments</small> <input type="checkbox"/> Check this box if you need HR assistance with this termination, and you will be contacted.
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COMMENTS:

SIGNATURES (*required)	
Supervisor Name & Signature:	Date
* Payroll Manager Name & Signature:	Date

AmCheck is not responsible for any deductions not collected on the employee's final check date. Failure to report terminations to AmCheck within 48 hours from termination date may result in costly delays.