



TrigonStaff.com
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EMPLOYEE TERMINATION FORM

Please email, mail, or fax form immediately for processing

Company Name: _____
Employee Name: _____
Social Security Number: _____ Termination Designation: please circle- Voluntary | Involuntary
Date Terminated: _____ Last Date Worked: _____

Reason for Termination: Please circle

Resigned With Notice	Resigned Without Notice	Retired	Laid Off	Job Abandonment
No Call/ No Show	Poor Performance	Relocated	Vilolation of Policy	Moved
Labor Dispute	E-Verify Voluntary	E-Verify Involuntary	Transfer Company	Personal

Comments: (supporting information required for unemployment claim processing) _____

Employee Acknowledgement: my signature indicates this notice has been discussed with me and I understand it contents.

Employee Signature and Date: _____

Employer/Supervisor Signature and Date: _____

Employee Pay Acknowledgement: My signature indicates that I have received my final paycheck.

Employee Signature and Date: _____