

**EMPLOYER'S RESOURCE GROUP  
EMPLOYEE TERMINATION FORM**

Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company \_\_\_\_\_ Dept.# \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Last Payroll Date: \_\_\_\_\_

Last Day of Deductions for Section 125/Med: \_\_\_\_\_

Last Day of Benefits: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

PROCEDURE	INITIALS	DATE
Notify Payroll:		
Deactivate Direct Deposit:		
Notify Benefits:		
Notify <b>ASI</b> :		
401(K) Information:		
Prepare Terminated EE File:		
Other:		