

Notice of Employee Termination/Inactivation



Company Name: _____

Employee Name: _____

Social Security Number: - -

Date Terminated: _____

REASON FOR TERMINATION (Please Mark Appropriate Box)

LACK OF WORK	DISMISSAL*
<input type="checkbox"/> Reduction in Force	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Job Eliminated	<input type="checkbox"/> Violation of Company Policies
<input type="checkbox"/> Reorganization	<input type="checkbox"/> Violation of Safety Rules
<input type="checkbox"/> End of Temporary Employment	<input type="checkbox"/> Violation of Drug or Alcohol Policies
<input type="checkbox"/> Project Completed	<input type="checkbox"/> Destruction of Company Property
<input type="checkbox"/> Inactive or On Call Status	<input type="checkbox"/> Fighting on Property
QUIT	<input type="checkbox"/> Falsification of Employment Application
<input type="checkbox"/> Reason Unknown	<input type="checkbox"/> Dishonesty
<input type="checkbox"/> Abandoned Job	<input type="checkbox"/> Theft of Company Property
<input type="checkbox"/> Did Not Return From Leave	<input type="checkbox"/> Excessive Absenteeism/Tardiness
<input type="checkbox"/> Accepted Another Job	<input type="checkbox"/> Unsatisfactory Quality of Work
<input type="checkbox"/> Illness/Maternity	<input type="checkbox"/> Poor General Performance
<input type="checkbox"/> Entered Military	<input type="checkbox"/> Probationary – Not Qualified For Job
<input type="checkbox"/> Dissatisfaction	<input type="checkbox"/> Misconduct
<input type="checkbox"/> Company Policies	<input type="checkbox"/> Inability to Work: Illness
<input type="checkbox"/> Retirement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Salary	LEAVE OF ABSENCE
<input type="checkbox"/> Supervisor	<input type="checkbox"/> Illness/Maternity
<input type="checkbox"/> Work Conditions	<input type="checkbox"/> Injury: Work Related
<input type="checkbox"/> Work Hours	<input type="checkbox"/> Injury: Not Work Related
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Military
NO TERMINATION	<input type="checkbox"/> Family Obligations
<input type="checkbox"/> Disciplinary Suspension (please explain)	<input type="checkbox"/> Personal
MISCELLANEOUS	<input type="checkbox"/> School
<input type="checkbox"/> Death in the Family	<input type="checkbox"/> Other: _____

Comments: *(supporting information required to assist in processing unemployment claims): _____

Signature of Supervisor: _____ Date: _____

Title: _____ Phone Number: _____

Please mail or fax immediately to:
 Trigon Staff Administrators, Inc.
 1010 East Jefferson Street
 Phoenix, Arizona 85034
 Phone: 602-358-0300
 Fax: 602-358-0303

TSA Use Only		
Client Name: _____	Date Entered: _____	Initials: _____