

Professional Business Solutions, Inc.



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Separation Notice Form

1. Client Name: _____ Client Number: _____
2. Employee Name: _____
Employee Phone Number: _____
Social Security Number: _____
Hire Date: _____ Last Day Worked: _____
Rate of Pay: _____ Full Time: _____ Part Time: _____
3. _____ Voluntary (meaning the employee quit, job abandonment, medical reasons, moved, better job opportunity, family issues, etc.)
4. _____ In-voluntary (meaning the employee was laid off, terminated for work performance or gross misconduct, absenteeism, etc.)
5. Please give a brief explanation to the circumstance of why the employee is a voluntary or in-voluntary termination:

6. Upon separation, did (or will) employee receive any of the following:

Compensation Type	Date to be Paid	Period Covered	Amount Paid (Gross)
Vacation			
Severance			
In-Lieu-of-Notice			

I acknowledge that I have not been involved in any accidents / injuries, or witnessed any accidents / injuries as of my last date of employment. I also acknowledge that I have been advised to contact Employee Professionals within 24 hours regarding my availability for reassignment in accordance with the Employee Professionals employment application, with I signed at the beginning of my employment with Employee Professionals.

Reconozco que no he estado implicado en ningún accidente / heridas, o atestigüé cualquier accidente / heridas desde mi última fecha del empleo. También reconozco que me han aconsejado ponerse en contacto con Employee Professionals dentro de 24 horas en cuanto a mi disponibilidad por la reasignación de acuerdo con la aplicación de empleo. Employee Professionals que firme a principios de mi empleo con el Arrendamiento de Personal de Employee Professionals.

Signature of Employee: _____ Date: _____

I acknowledge that I have verbally informed above named employee that he / she must contact Employee Pro regarding availability for re-assignment.

Signature of Supervisor: _____ Date: _____

Signature of Witness: _____ Date: _____