

Employee Name _____ Restaurant _____ Last Day Worked _____

Employee ID _____ Termination Date* _____

**The Termination Date is whichever date is later, either 1) the last day worked for pay, or 2) the date of the decision to separate. The deadlines for submitting this Separation Form to HR are:*

Voluntary: Within 7 days of Termination Date

Involuntary: On or before the Termination Date

Eligibility for Rehire: Eligible Not Eligible** Research Before Rehire**

**Must consult with HR prior to selecting Not Eligible or Research Before Rehire.

Reason Codes: Please check only one of the following from either the Voluntary, or Involuntary Separation Codes section:

Voluntary Separation Codes _____

VQO **Voluntary Quit Other****
*Voluntary exit before agreed-upon end date ***
NOTE: Only to be used when other Voluntary Separation Codes do not apply

ARE	Took Other Hospitality Job	REL	Relocated Out of Area
DNR	Position Relocated	RET	Return to School
EWA	Expired Work Authorization	TAF	Transfer to Affiliate
INV	Invalid I-9	TMP	End of Temp Employment
JOB	Job Abandonment		
LVE	Failure to Return from Leave		

Involuntary Separation Codes - Contact HR Beforehand. Attach Documentation.

ATT Unacceptable Attendance	DRU Drugs/Alcohol	RCR Resign at Company Request
CON Misconduct	ELI Elimination of Position	SVI Safety Violation
DCP Destruction of Company Property	LOW Lack of Work	UNS Unsatisfactory Performance
DIS Misappropriation of Company Property	PVI Policy Violation	

Remarks: Required for Involuntary Separations or if Not Eligible for Rehire or Research before Rehire. Use Back of Form if Necessary.

Employee Forwarding Address: Paychecks, COBRA Information, W-2 Forms and other Company Information will be mailed here.

Last Paycheck: Please identify how the EE's last paycheck will be delivered or available.

Address: _____

Personal Email: _____

Phone Number: _____

Voluntary:

Direct deposit/PayCard (only if currently enrolled)
 Turn off direct deposit/PayCard (receive check by mail)
 Pick up check in HR

Involuntary:

Employee pick up check in HR
 Mgr. to receive check from HR and present to employee

Employee Signature _____ Date _____

Manager Printed Name _____

Manager Signature _____ Date _____