



Teamwork Services, Inc.

TERMINATION REPORT

Name: _____
Last First Middle

Social Security Number: _____ TSI Employee ID: _____
(to be completed by TSI) *(to be completed by TSI)*

Effective Date of Termination:

Last Day Worked (if different):

VOLUNTARY

INVOLUNTARY*

- No call/ No show
- Failure to return from LOA
- Quit – Other Job
- Quit – Personal Reasons
- Quit – No Reason Given
- Other (Please Explain)

- Violation of Company Policy (give details)
- Excessive Absences
- Excessive Tardiness
- Poor Work Performance (give details)
- Other (Please Explain)

Eligible for rehire?

YES NO

Comments:

Supervisor/Manager Date Company Name