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Phone (904) 731-9014
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Hours M-F 8 to 5 PM EST
www.ConvergenceEmployeeLeasing.com

Separation Notice

Client Name: _____

Employee Name: _____

Employee Address: _____

Social Security No.: _____

Hire Date: _____ Termination Date: _____

Leave of Absence To: _____ From: _____

Reason for Termination or Leave of Absence

- | | |
|--|--|
| <input type="checkbox"/> Voluntary | <input type="checkbox"/> Drug or Alcohol Possession |
| <input type="checkbox"/> Lack of Work | <input type="checkbox"/> Poor work performance |
| <input type="checkbox"/> Violating company policies | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Negligence | <input type="checkbox"/> Excessive tardiness |
| <input type="checkbox"/> Other | <input type="checkbox"/> Maternity leave |
| <input type="checkbox"/> DNR for 2 weeks or more | <input type="checkbox"/> Per clients request via phone/ VM |
| <input type="checkbox"/> Per clients request via email | <input type="checkbox"/> Per clients request in person |

Please explain reason for termination or leave: _____

Client Company Signature: _____ Date: _____

Employee Signature: _____ Date: _____