



Termination Form

Client Company:		
Employee Name:		
Social Security Number:		
Termination Date:		
Reason For Termination:		
<input type="checkbox"/> Quit w/Notice	<input type="checkbox"/> Quit Without Notice	
<input type="checkbox"/> Misconduct	<input type="checkbox"/> Absenteeism/Tardiness	
<input type="checkbox"/> Personal/Health	<input type="checkbox"/> Moved	
<input type="checkbox"/> Invalid SSN	<input type="checkbox"/> Other	
Explanation:		
Employee Signature If applicable		Date:
Client Signature		Date:

Please return to:
Pinnacle Employee Leasing
115 W Olympia Avenue, Suite 121, Punta Gorda, FL 33950
Toll Free: 1-800-245-2414 , Toll Free Fax: 1-800-245-4711
Questions? Phone: (941) 833-2065 Fax: (941) 833-2075
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