TERMINATION STATEMENT

_____ _____ Voluntary Termination
Date _____ Involuntary Termination

I, _____ do hereby give my two week notice of termination of employment.

My last day of work will be _____.

Reason for Termination:
_____
_____
_____
_____
_____

Performance History:
_____
_____
_____

Corrective efforts taken:
_____
_____
_____

Additional information or comments:
_____
_____
_____

Forwarding Address:
_____
_____
_____

_____ _____
Employee Signature Date

_____ _____
Manager Signature Date

_____ _____
Witness Signature Date