

THE CITY OF ANDERSON, SOUTH CAROLINA

EMPLOYEE TERMINATION REPORT

EMPLOYEE NAME \_\_\_\_\_ SSN \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION TITLE \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

LAST DAY WORKED \_\_\_\_\_

EMPLOYEE EVALUATION (Please check the appropriate boxes)

	Unsatisfactory	Fair	Satisfactory	Good	Excellent
Attendance					
Cooperation					
Initiative					
Job Knowledge					
Quality of Work					

REHIRE? \_\_\_\_\_ Yes \_\_\_\_\_ No

RECOMMENDATION: \_\_\_\_\_ Without Reservation \_\_\_\_\_ With Some Reservation

\_\_\_\_\_ Would Not Recommend

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head Signature

Date

FOR OFFICE USE ONLY

Benefits:

Life \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ COBRA \_\_\_\_\_ OTHER \_\_\_\_\_

CSI \_\_\_\_\_ Exit Interview \_\_\_\_\_ Completed By \_\_\_\_\_ Date \_\_\_\_\_

Personnel Approval \_\_\_\_\_