

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

Division Head Signature

Date

Personnel Approval _____