

Resignation or Termination Form

In case of resignation or termination of an employee, this form must be completed and returned to Harbor Home HealthCare's office. The Responsible Party or Employee may complete this form. The completed form will serve as a letter of resignation or termination.

Participant's Name: _____

Employee Name: _____

Last day and shift employee worked: _____

Please indicate how the employment ended by checking one of the following four boxes:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Employee quit with notice: length of notice (circle one) | <input type="checkbox"/> 1 week | <input type="checkbox"/> other _____ |
| | <input type="checkbox"/> 2 weeks | |
| <input type="checkbox"/> Did the employee work during the time of notice given: | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> Employee quit without notice | | |
| <input type="checkbox"/> Responsible Party ended the employment | | |
| <input type="checkbox"/> Other (please explain) _____ | | |

Please indicate the reason the employment ended by checking one of the following boxes:

- | | |
|---|---|
| <input type="checkbox"/> Misrepresenting experience and/or qualifications | <input type="checkbox"/> Employee left for pregnancy/ medical leave and will not return |
| <input type="checkbox"/> Poor work performance | <input type="checkbox"/> Employee attending school/college |
| <input type="checkbox"/> Violating agency policies | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Violating workplace safety rules | <input type="checkbox"/> Failed to return from personal/medical leave |
| <input type="checkbox"/> Tardiness/ High Absenteeism | <input type="checkbox"/> Resignation- moved out of area |
| <input type="checkbox"/> Conviction of a crime | <input type="checkbox"/> Resignation- no reason given |
| <input type="checkbox"/> Employee accepted other job | <input type="checkbox"/> There were no hours available |
| <input type="checkbox"/> Employee dissatisfied with job | |
| <input type="checkbox"/> Other: (Please explain) _____ | |

Please mail or fax completed form to Harbor Home HealthCare as soon as possible along with the final signed timesheet.

Signature of Responsible Party or Employee

Date