



FOR YOUTH DEVELOPMENT™
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY!

**METRO YMCAs OF THE Oranges
 Termination Form**
 (Please PRINT CLEARLY & Complete All SECTIONS)

*All involuntary terminations initiated by the Metro YMCAs of the Oranges **must** be reviewed by Human Resources prior to the termination decision.*

LAST NAME	FIRST NAME	EFFECTIVE DATE	
ADDRESS	CITY	STATE	ZIP CODE

Termination Date: _____ **Last Day Worked:** _____ **Final Pay Day (MONTH)** _____

Eligible For Re-Hire: Yes No 15th 30th

If No, please explain _____

REASON FOR TERMINATION:	VOLUNTARY	INVOLUNTARY
01 Accepted another Position Better Salary Promotion Options 02 Dissatisfied with Position 03 Dissatisfied with Supervisor 04 Moving / Relocation 05 Returning to School <u>Employee Verbal Resignation</u> Date the employee resigned? _____ Name/Title of the individual the employee resigned to: _____	06 Scheduling Conflicts 07 Retirement 08 No Call/ No Show (Letter Mailed-Attached) 09 Personal Reasons (Explain BELOW) 10 Program End/Seasonal 11 Other (Explain BELOW)	01 Performance 02 Policy Violation 03 Reduction in Work Force 04 Absenteeism/Tardiness 05 Other (Explain BELOW)

EXPLANATION / REMARKS: (INCLUDE ALL SUPPORTING DOCUMENTATION) ATTACH RESIGNATION LETTER

AUTHORIZATION FOR TERMINATION

Supervisor / Director Approval _____	Date _____
Sr. Director / Executive Approval _____	Date _____
Human Resources Approval _____	Date _____
HRIS/Payroll _____	Date _____

HUMAN RESOURCES DEPARTMENT ONLY

IS EMPLOYEE RECEIVING ANY OF THE FOLLOWING BENEFITS?

YES NO **Benefits Termination Date:** _____

_____ Medical Insurance	_____ Retirement
_____ Dental Insurance	_____ Garnishment
_____ Life Insurance	
_____ FSA	

COBRA Eligible: YES NO **Information Sent:** _____