

Employee Termination Form

Today's Date: _____ Time: _____

Last Date of Work: _____ Store Location: _____

Name of Employee: _____ Employee Phone #:() _____ - _____

Voluntary Termination Notice Given? - If so, How long? _____

Involuntary Termination Previous Write-ups Issued – If yes, how many _____

Reason for Termination:

Name of Supervisor: _____ Supervisor Signature: _____

Employee Signature: _____

Employee Refusal Signature

Store keys returned Yes No

Eligible for Re-Hire Yes No

**PLEASE SCAN AND EMAIL A COPY OF THIS DOCUMENT TO
hr@bhdistro.com**