

SEATTLE AREA EMPLOYER'S TERMINATION

Original and Yellow Shall be Given to Employee * This Form to be Completed in Full

Date: _____

Employee's Name (print) _____

Company Name (print) _____

REASON FOR TERMINATION -

Reduction in Force

Eligible for Rehire

Job Completed

For Cause

Voluntary Quit

Not Eligible for Rehire:

For Company

For This Job Only

If this termination is for cause or not eligible for rehire, employer MUST state reason:

Employee's Signature _____

Terminated by: Immediate Supervisor _____
(Signature)

Terminated by: Immediate Supervisor _____
(Print Name)

Employer Signature (Optional) _____