



## EMPLOYEE TERMINATION FORM

Employee Name: **Halima Abikar**

Termination Date: **09/14/2017**

Reason for Termination:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Job Abandonment               |
| <input type="checkbox"/> Insubordination                  | <input type="checkbox"/> Permanent/Temporary Layoff    |
| <input type="checkbox"/> Policy Violation                 | <input type="checkbox"/> Unacceptable Work Performance |

Explanation for Dismissal: **Is terminating her position due to health issues.**

Is this Employee Eligible for Rehire:  Yes  No

Additional Comments:

Employee Signature: Halima Abikar Date: \_\_\_\_\_

Manager Signature: Ravi Kaur Date: 9-14-17