



Resignation or Termination Form

In case of resignation or termination of an employee this form must be completed and returned to the Accra Office. The Responsible Party or Employee may complete this form. The completed form will serve as a letter of resignation or termination. Please provide as much detail as possible.

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:

- Employee quit with notice: length of notice _____
- Did the employee work during the time of notice given: Yes No
- Employee quit without notice
- Responsible Party ended the employment: **Please Explain Below**

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"/> Violating agency policies: Please explain:
_____ |
| <input type="checkbox"/> Employee dissatisfied with job | <input type="checkbox"/> Employee attending school/college |
| <input type="checkbox"/> Employee accepted other job | <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"/> Poor work performance: Please Explain:
_____ | <input type="checkbox"/> There were no hours available |

Was there a specific situation which caused the resignation/termination? If so please explain: _____

If employment was terminated, was the employee given a verbal or written warning? If so, please explain how and when: _____

If you have any further documentation, including conversations or any other relevant information, please submit on a separate page.

Signature of Responsible Party or Employee

Date

Please return this form to Accra via email at employeecare@accracare.org or via fax at 952-935-7112