



INNOVATIVE
Employee Solutions®

TERMINATION FORM

Today's Date: _____ Termination Effective Date: _____

Company Name: _____

Employee Name: _____

Reason for Completion (*please check one*):

- Assignment completed as expected
- Lack of work and/or contract terminated
- Employee has become regular employee
- Employee terminated for cause

Why? _____

Eligible for rehire? Yes: No:

Other: _____

Authorized by: _____

Name

Date

Email Address

Phone Number

Supervisor's Name/Contact: _____

Please fax this form back to Innovative at 858-715-5110 or email us at mail@innovative-es.com with this information. If you have any questions, please call Innovative at 858-715-5100.