

SEPARATION REPORT

Associate Name		Number	Department	
SEPARATION INFORMATION				
SSN	Position		Date Last Worked	Date of Separation
Reason For Separation: (Please Circle) Resignation Layoff Release Retirement Deceased Other				
Full explanation of reason(s) for separation.				
Employee comments relative to separation or employment.				
Last Known Address			Telephone	
<p>I hereby acknowledge the reason stated above as to the nature of my separation. Furthermore,</p> <p><input type="checkbox"/> I am in receipt of full payment of all compensation due and hereby release McDaniels from all claims of every type.</p> <p><input type="checkbox"/> I agree to delivery of full payment of all compensation due on or before ___/___/___ and release McDaniels from all claims.</p> <p>NOTICE: All personal property owned by the Associate has been or must immediately be removed from the premises of McDaniels, who assumes absolutely no liability for the property.</p>				
Associate Signature		Date	Witness Signature	
ACTIONS		DEALERSHIP PROPERTY RETURNED		
<input type="checkbox"/> Final Check Issued	<input type="checkbox"/> Health Insurance Cancelled	<input type="checkbox"/> COBRA Notice Given	<input type="checkbox"/> 401K Information	<input type="checkbox"/> Supplemental Insurance Info
<input type="checkbox"/> Time Card Collected	<input type="checkbox"/> Passwords/Codes Deactivated	<input type="checkbox"/> Uniforms	<input type="checkbox"/> Pegs / Keys	<input type="checkbox"/> Training Manuals
<input type="checkbox"/> License Tags	<input type="checkbox"/> Credit Cards/Auction Cards	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Other	
Administrative Comments or Notes				
REVIEWED & APPROVED				
Manager		Date		

