



Employment Separation Form

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Fax to Terra Firma Attention: _____

**THIS FORM MUST BE COMPLETED AND IMMEDIATELY FAXED TO
TERRA FIRMA UPON SEPARATION OF EMPLOYMENT**

Today's Date: _____ Employee's Last Day Worked: _____ Employee's Termination Date: _____

Employee's Name: _____

Work Site Employer's Name: _____

Supervisor's Name: _____

Phone Number: _____ Email Address: _____

Separation Reason:

- Voluntary quit Involuntary Termination Laid off
 Disability Retirement

Were there any previous warnings? (Please attach copy)

- Verbal Written

Final Paycheck Hours: _____

Should accrued vacation be paid?

- Yes No Reason: _____

Please explain the final factors leading to the separation:

Employee's Comments (if any):

Supervisor Signature

Title

Employee Signature

Witness Signature (if applicable)

Terra Firma Use Only	Initial	Date	Client Number _____	Final Check Date _____
<input type="checkbox"/> Benefits	_____	_____	Premium Refund Due:	
<input type="checkbox"/> Payroll	_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> No Refund <input type="checkbox"/> Employee	
<input type="checkbox"/> HR	_____	_____		