

EMPLOYMENT SEPARATION FORM

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|--|--|
| Company Name | |
| Employee Name | |
| Effective Date of Termination/Separation | |

Distribution of Final Paycheck

| | | |
|--------------------------|------------------------|---|
| <input type="checkbox"/> | Direct Deposit | |
| <input type="checkbox"/> | Mail To Employee | (Please list employee address if other than current address on file): |
| <input type="checkbox"/> | Mail To Company Office | (If you have multiple office locations, please specify which office to send the final paycheck): |
| <input type="checkbox"/> | Pick Up At ProService | (Please Select One ProService Office Location): <input type="checkbox"/> Oahu (Downtown) <input type="checkbox"/> Oahu (Hawaii Kai) <input type="checkbox"/> Maui <input type="checkbox"/> Kona <input type="checkbox"/> Kauai |

Final Hours

| | |
|---|--|
| Last Day Worked: | ___/___/___ |
| Final Hours (If Applicable): | _____ Hours |
| Does the employee have any accrued PTO, vacation, and/or sick leave to be paid out? | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Hours |

Type of Separation

| | | | | |
|--|---|---|---------------------------------------|------------------------------|
| <input type="checkbox"/> | Quit / Resigned | If Quit/Resigned, did the employee provide at least one pay period notice of intention to quit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> | Termination* | Please select a reason for separation <u>and</u> include notes describing the termination: | | |
| | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Poor Performance | <input type="checkbox"/> Lack of Work | |
| | <input type="checkbox"/> Moved Off Island | <input type="checkbox"/> Seasonal/Temporary Hire | <input type="checkbox"/> Other | |
| Additional Notes describing the termination: | | | | |

Unless otherwise specified, all mail will be sent to the address on file. For address changes, please call 808-394-8878.

***When an employer discharges an employee, the employer is required to pay all earned wages in full at the time of discharge, or if discharge occurs at a time and under conditions which prevent an employer from making immediate payment, then not later than the working day following discharge.**

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|-----------------------------|--|
| Authorized Client Name | |
| Authorized Client Signature | |
| Today's Date | |