



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.

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 (circle one)
 - 1 week
 - 2 weeks
 - other _____
- Did the employee work during the time of notice given:
 - yes
 - no
- Employee quit without notice
- Responsible Party ended the employment
- Other (please explain) _____

Please indicate the reason the employment ended by checking one of the following boxes:

- Misrepresenting experience and/or qualifications
- Poor work performance
- Violating agency policies
- Violating workplace safety rules
- Tardiness/ High Absenteeism
- Conviction of a crime
- Employee accepted other job
- Employee dissatisfied with job
- Other: (Please explain) _____
- Employee left for pregnancy/ medical leave and will not return
- Employee attending school/college
- Military Service
- Failed to return from personal/medical leave
- Resignation- moved out of area
- Resignation- no reason given
- There were no hours available

Please mail or fax completed form to Accra as soon as possible along with the final signed timesheet.

Signature of Responsible Party or Employee

Date