

Employee Payroll Termination Form

Employee Information:

- Full Name: _____
- Employee ID: _____
- Department: _____
- Position Title: _____

Termination Details:

- Termination Date: _____
- Reason for Termination:
 - Voluntary Resignation
 - Involuntary Termination
 - End of Contract

Final Payment Details:

- Last Working Day Pay: _____
- Unused Leave Compensation: _____
- Severance Pay (if applicable): _____

Deductions:

[List any applicable deductions such as loans, penalties, or unpaid advances.]

Acknowledgment by Employee:

I, **[Insert Employee Name]**, confirm receipt of my final paycheck and acknowledge the terms of my payroll termination.

Employee Signature: _____

Date: _____

Authorized By:

Manager Name: _____

Signature: _____

Date: _____