

TERMINATION REPORT

CPM Constructors

P.O. Box B, 30 Bonney Street

Freeport, Maine 04032

Phone (207) 865-0000 Fax (207) 865-4836

Last Name: First Name: Middle Initial:

EE # Effective Termination Date:

Position: Supervisor: Jobsite:

Mail Paycheck Yes No Mailing Address

Type of Separation (check one)

- Resignation Dismissal
 Reduction in Force Other - _____

Reasons for Separation

Employee Evaluation (check appropriate boxes)

	Unsatisfactory	Fair	Satisfactory	Good	Excellent
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rehire Without Reservation With Some Reservation
 Would Not Recommend

Employee Comments

I have read this document and acknowledge receiving a copy.

- Employee Unavailable for Signature
 Employee Refused to Sign

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Office Signature _____ Date _____