

Pittsburg Community Schools
Unified School District 250

EMPLOYEE TERMINATION FORM

Date: _____

Employee Name: _____
Please Print

Building: _____ Position: _____

Last Day Worked: _____ Termination Date: _____

Documented Disciplinary Action Prior to Termination (please provide copies):
 Verbal Warning(s) Written Warning None

Explanation (required):

Keys returned Employee Initials _____ Supervisor Initials _____
 ID returned Employee Initials _____ Supervisor Initials _____

Employee Acknowledgement:
My signature indicates that this notice has been discussed with me and that I understand its contents.

Employee Signature Date

I wish to schedule an appointment with the Clerk's office to discuss benefits.
I can be reached at: _____

Supervisor Signature Date

Human Resources Date