

# ACH of America, LLC

## NOTICE OF SEPARATION

EMPLOYEE NAME:	COMPANY/CLIENT NAME:
DATE OF SEPARATION:	SOCIAL SECURITY NO.:
FIRST DAY WORKED:	LAST DAY WORKED:
STARTING RATE OF PAY:	ENDING RATE OF PAY:
JOB TITLE:	SUPERVISOR'S SIGNATURE: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

**URGENT: UPON SEPARATION OF ANY EMPLOYEE, IMMEDIATELY MAIL/FAX THIS FORM TO ACH PAYROLL DEPT., 777 E. Altamonte Drive, Altamonte Springs, FL 32701, FAX (407) 788-0180**

**REASON FOR SEPARATION (check one and give explanation)**

<input type="checkbox"/> <b>01- LACK OF WORK</b>  <input type="checkbox"/> <b>EXPLANATION:</b> _____ _____ _____ _____ _____	<input type="checkbox"/> <b>04- DISCHARGED</b>  <input type="checkbox"/> Insubordination <input type="checkbox"/> Violation of co. rules or policies <input type="checkbox"/> Violation of safety rules <input type="checkbox"/> Reported under influence of alcohol <input type="checkbox"/> Reported under influence of drugs <input type="checkbox"/> Destruction of co. property-willful <input type="checkbox"/> Destruction of company property-carelessness <input type="checkbox"/> Fighting on company property <input type="checkbox"/> Leaving work stations <input type="checkbox"/> Falsification of employment application <input type="checkbox"/> Dishonesty-falsified co. records <input type="checkbox"/> Dishonesty- unauthorized removal of company property <input type="checkbox"/> Dishonesty-monetary theft <input type="checkbox"/> Dishonesty- other <input type="checkbox"/> Absenteeism-unreported <input type="checkbox"/> Absenteeism-excessive/unauthorized <input type="checkbox"/> Quality/quantity of work <input type="checkbox"/> Probationary- not qualified for job <input type="checkbox"/> Failure to pass physical <input type="checkbox"/> Poor judgment - no misconduct
<input type="checkbox"/> <b>02- QUIT</b>  <input type="checkbox"/> <b>EXPLANATION:</b> _____ _____ _____ _____ _____	<input type="checkbox"/> <b>05- OTHER</b>  <input type="checkbox"/> <b>EXPLANATION:</b> _____ _____
<input type="checkbox"/> <b>03- LEAVE OF ABSENCE</b>  <input type="checkbox"/> <b>EXPLANATION:</b> _____ _____ _____ _____ _____	

<b>REMARKS:</b> _____	
<b>REMUNERATION PAID AFTER SEPARATION:</b>	
Salary: \$ _____	For the Period: _____ to _____
VACATION/SEVERANCE PAY: \$ _____	For The Period _____ to _____

cc: Employee File  
 Please fax a copy to ACH Human Resources and Payroll Departments @ 407-788-0180  
 Please include any documentation along with this form  
 PLEASE HELP US TO HELP YOU