



Town of Wilkesboro Employee Termination Form

When an employee leaves or is terminated, this form is to be filled out and presented to the payroll department to terminate the payroll process. The payroll department will not process the request until all information is provided.

Part I - To be filled out by Supervisor

Name (First, Middle Initial, Last) _____

Employee Number _____ Department # _____

Termination In-Voluntary _____ Voluntary _____

If Voluntary did employee submit resignation letter _____ Yes _____ No if so please attach copy for files

What was the date of the notice if applicable _____

When was the last day worked _____

Would you re-hire employee _____ Yes _____ No

Notes: _____

Supervisor Signature: _____ Date: _____

Part II - To be filled by Payroll

Received _____ Employee # _____ processed by _____ Date _____

Was all documentation attached to form _____ Yes _____ No

Notes: _____

