

Le Jardin Community Center Termination Report

Name: _____

Date of Hire/Rehire: _____ Termination Date: _____

Type of Separation:

Resignation (letter attached)

Notice given Yes No

Amount of notice _____

Dismissal

Laid Off

Other _____

Reason for Separation:

Moving

Health

Family

Retire

Position eliminated or changed

Other _____

Changing jobs - higher pay PIR

Another pre-k or ECE program? PIR

Changing jobs - distance

Changing jobs - change in job field PIR

Job Performance

Job Abandonment

Conflict with employee(s)

Failed to meet required cred.

Absenteeism/Lateness

Evaluation:

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Punctuality										
Attendance										
Cooperation										
Initiative										
Job Knowledge										
Quality of Work										
Follow Directions										

Additional Comments _____

Potential Rehire: Yes No Would consider for a different position

Employee		Date	
Heather Garcia Director of HR		Date	
Audelia Martinez CFO/COO		Date	
Eduardo Berrones Executive Director		Date	
		Date	
Print Direct Supervisor's Name (Print)	Supervisor Signature		