



Employee Termination Form

This form to be completed when any of the following occur: an employee is terminated. This form is initiated by the Human Resources Department and forwarded to the next applicable Supervisory Personnel, or designee. If any items are found to be non-applicable, mark as N/A.

Human Resource Department Verification:

Employee Name: _____ Employee Number: _____

Position: _____

Date of Hire: _____ Termination Date: _____

Exit Interview Completed: _____ Returned Badge/Keys/Repairman Cert: _____

Payroll Updated _____ Dac System Revised _____ IT Department Ticket Number _____

Maintenance:

Validation of Certificate Number (FAA) _____ Removal from Drug Program _____

Human Resources Signature: _____ Date: _____

Notes: _____

Maintenance Department Verification: Validation of Certificate Number (FAA): _____

Shop Assignment: _____ Supervisor Assignment: _____

Toolbox Inspection: Outgoing Toolbox Inspection _____
 Miscellaneous Hardware _____
 Consumables _____
 Work Station Assignment _____

Maintenance Signature: _____ Date: _____

Notes: _____



QC Department Verification:

Returned Stamp: _____ Stamp # _____

Stamp Destroyed _____ Authorizations 1 2,3,4,5 *Circle Applicable

Quality Control Signature: _____ Date: _____

Notes: _____

QA Department Verification:

Roster Change	_____
QSM Change	_____
-Business Continuity Plan	_____
-Job Description	_____
-Training Program (Att. 66.02)	_____
-Training Needs Assessment Verification	_____
-Organization Chart	_____
-Limits of Authority	_____

Surrender of Repairman Certificate (Date) _____ Certificate Number: _____

Return Repairman Certificate to FAA (Date) _____ DOT Roster Removed _____

Quality Assurance Signature: _____ Date: _____

Notes: _____

Verification of document (All signatures provided, all blocks N/A or completed)

Human Resources Signature: _____ **Date:** _____
(Document placed in Employee File)