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| **PINK SLIP (Employment)** | | | | | | | | | | | | |
|  |  | | |  | | | |  | | | | |
| Employee Name |  | | | Effective Date | | | |  | | | | |
| Dept. |  | | | Position | | | |  | | | | |
| **REASON** | | | | | | | | | | | | |
| * Voluntary | | | | | | | | | | | | |
| Registration | | | | Other | | | | | | | | |
| * Involuntary | | | | | | | | | | | | |
| Position Eliminated | | | Substandard Performance | | | | | | | | | |
| **Quality of work** | | **Excellent** | **Good** | | | **Fair** | | | | **Unsatisfactory** | | |
| Job Knowledge | |  |  | | |  | | | |  | | |
| Initiative | |  |  | | |  | | | |  | | |
| Attendance | |  |  | | |  | | | |  | | |
| Cooperating | |  |  | | |  | | | |  | | |
|  | | | | | | | | | | | | |
| Recommend for rehire? | | | | | |  | | | Yes | |  | No |
| Rehire foe current department? | | | | | |  | | | Yes | |  | No |
| Rehire for another department? | | | | | |  | | | Yes | |  | No |
| All facility property returned? | | | | | |  | | | Yes | |  | No |
| All facility software passwords provided? | | | | | |  | | | Yes | |  | No |
| Access to all facility software removed? | | | | | |  | | | Yes | |  | No |
|  | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | |
| Completed by – Manager / Title | | | | |  | | Date | | | | | |
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|  | | | | |  | |  | | | | | |
| Approved by – Administrative / Title | | | | |  | | Date | | | | | |

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| **PINK SLIP (Employment)** | | | | | | | | | | | | |
|  |  | | |  | | | |  | | | | |
| Employee Name |  | | | Effective Date | | | |  | | | | |
| Dept. |  | | | Position | | | |  | | | | |
| **REASON** | | | | | | | | | | | | |
| * Voluntary | | | | | | | | | | | | |
| Registration | | | | Other | | | | | | | | |
| * Involuntary | | | | | | | | | | | | |
| Position Eliminated | | | Substandard Performance | | | | | | | | | |
| **Quality of work** | | **Excellent** | **Good** | | | **Fair** | | | | **Unsatisfactory** | | |
| Job Knowledge | |  |  | | |  | | | |  | | |
| Initiative | |  |  | | |  | | | |  | | |
| Attendance | |  |  | | |  | | | |  | | |
| Cooperating | |  |  | | |  | | | |  | | |
|  | | | | | | | | | | | | |
| Recommend for rehire? | | | | | |  | | | Yes | |  | No |
| Rehire foe current department? | | | | | |  | | | Yes | |  | No |
| Rehire for another department? | | | | | |  | | | Yes | |  | No |
| All facility property returned? | | | | | |  | | | Yes | |  | No |
| All facility software passwords provided? | | | | | |  | | | Yes | |  | No |
| Access to all facility software removed? | | | | | |  | | | Yes | |  | No |
|  | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | |
| Completed by – Manager / Title | | | | |  | | Date | | | | | |
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| Approved by – Administrative / Title | | | | |  | | Date | | | | | |