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 (972) 404-0295
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SEPARATION NOTICE

1. Client Name: _____ Client Number: _____
2. Employee Name: _____
- Employee Phone Number : _____
- Social Security Number: _____
- Hire Date: _____ Last Day Worked: _____
- Rate of Pay: _____ Full Time: _____ Part Time: _____

3. _____ Job Abandonment
4. _____ Released back to AMS for Re-Assignment

-If release is due to gross misconduct please explain below:

5. Upon separation, did (or will) employee receive any of the following:

Compensation Type	Date to be Paid	Period Covered	Amount Paid (Gross)
Vacation			
Severance			
In-Lieu-of-Notice			

I acknowledge that I have not been involved in any accidents / injuries, or witnessed any accidents / injuries as of my last date of employment.

I also acknowledge that I have been verbally told to contact AMS within 24 hours regarding my availability for reassignment in accordance with the AMS employment application, which I signed at the beginning of my employment with AMS Staff Leasing.

Signature of Employee: _____ Date: _____

I acknowledge that I have verbally informed above named employee that he/she must contact AMS regarding availability for re-assignment.

Signature of Supervisor: _____ Date: _____

Signature of Witness: _____ Date: _____