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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 reagarding availability for re-assignment.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_