



Employee Termination Form

Company name: _____

Date: _____

Employee name: _____

Final date worked: ____/____/____

Reason for termination: _____

Gross pay (hours, salary, commission, etc): _____

Vacation, Sick, Personal Time Owed: _____

Any outstanding loans or advances: _____

Medical, Dental, Retirement amounts to deduct: _____

Verify employee current mailing address: _____

Additional Information: _____

** According to the Colorado Department of Labor, when an employee quits, final payment is due the next regular pay date.

** When an employee is terminated or laid off and the payroll processor is outsourced, final payment must be issued within 24 hours of the start of the next business day.

ALL EMPLOYMENT FORMS ARE NOW AVAILABLE AT: WWW.CFOCOLORADO.BIZ