

KCS EMPLOYEE SEPARATION FORM

To be completed by immediate supervisor or Office Manager. The original will be located in the employee's file in the KCS Office.

First Name:		Last Name:	
Last Date worked: mm/dd/yyyy			
Reason for Leaving: Please circle			
Quit	Terminated/Fired	Retired	Laid off/Seasonal Work
Rehire Eligibility: Please circle			
	Eligible for Rehire	Ineligible for Rehire	
Company property returned:			
Form completed by (Print name):			
Form comple	ted by (Signature):		
Date form o	ompleted: mm/dd/yyyy		