EMPLOYEE TERMINATION REPORT

T.A. WOODS COMPANY

Original/Revised

Instructions for Completing this Report: This report must be completed at the time of termination of employment. Complete all portions of the top section. Have the inactive employee read and sign the bottom section.

Employee Name : **Social Security Number: NA**

Job Title:_ **Company:** **T.A. Woods Company**

Date of Termination: **Last Day:**

Check reason For Termination (Check only one)

_____ Reduction of Force
_____ Termination/Violation of Company Policies
_____ Termination/Unsatisfactory Performance
_____ Resignation With Notice
_____ Resignation Without Notice
_____ Job Abandonment
_____ Attached Reduction of Force/Temp
_____ Invalid I-9
_____ Death
_____ Other: Services no longer needed

Check or Circle Appropriate Response

Verbal or written counseling or warnings **were/were not** given to employee prior to termination (**N/A for ROF**).

Recommended for Rehire **Yes** **No** **N/A**

I **have/have not** notified the employee that any outstanding documents other than direct deposits, reimbursements, or the like will be mailed to the address recorded in the company's payroll system.

I have collected the following items (should correlate with checklist at hire)

____ Truck Keys
_____ Truck and Site Tool Box Keys
____ Company Phone and Charger
____ Company Credit Cards
_____ TAW Policy/Procedure Books
_____ Building/Office Keys/Site Keys
_____ Purchase Order Book
_____ Tool List Checked/All Returned
_____ Outstanding Paperwork
_____ **Computer/Software, Storage**
_____ Vehicle inspected-damage/cleanliness
_____ **Badges – MACC, Corning, etc**

Supervisor's or Designee's Signature: _____ Date: _____

To Be Completed by Terminated Employee

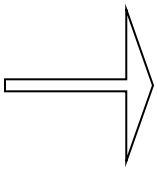
I understand that my final paycheck(s) will be deposited in the direct deposit account as directed at hire. I understand that used PTO/Vac hours that have not been accrued as of the date of termination will be deducted from my paycheck. I understand the company will follow the provisions of Exective Order 13706 regarding sick days earned while working on federal projects, if applicable. I have been advised that my coverage under the Health Benefit Plan, if any, terminates at midnight on the last day of employment for medical, vision, dental, life and short-term disability, ancillary insurance as applicable . I understand that if I am covered by the company Health Benefit Plan Insurance, and if I want to continue my coverage, I must complete the Group Health Benefits Rights of Continuation Notice (COBRA Notice) which will be sent to me by WageWorks/Conexis or affiliate.

Employee Signature _____ Date_____

Current Address: _____

_____

Company Copy - Return to Human Resources



Note: All files inclusive of specifications, drawings, communication and the like are property of T.A. Woods Company. These are not to be copied, transferred, or transmitted for personal use and/or business use other than that of T.A. Woods Company.

All emails and documents generated using company property or generated based on employment with T.A. Woods Company are the property of T.A. Woods Company. These are not to be copied, transferred, or transmitted for personal and/or business use other than that of T.A. Woods Company.

Payroll Deductions – Safe Harbor Policy

The following will be deducted from your wages. Note associated documentation supporting payroll deductions was completed at hire and/or when deduction was initially approved or authorized:

Property Access Credentials – DBids, TWIC, Corning, other _____	$_____
Orientation PPE Package	$_____
Training (per agreement)	$_____
Company Vehicle Damage/Cleaning per policy	$_____
Other: _____	$_____

Employee Signature: _____ Date: _____