

EMPLOYEE TERMINATION REPORT

T.A. WOODS COMPANY
Original/Revised (04-2020)
COVID-19 Related Claim

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:

Job Title:

Company:

Date of Termination:

Last Day Worked:

Check reason For Termination (Check only one)

- Reduction of Force due to COVID-19
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
Absenteeism

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

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.

COVID-19 Related Information:

- Unemployment insurance benefits are available to employees who are unemployed and meet the State's eligibility requirements.
Employees may file a claim the first week that employment stops or work hours are reduced.
Employees may file a claim on line at nc.gov or by telephone to (888)737-0259.
Employees must provide DES with the following information:
Full legal name
Social security number; and
Authorization to work (if the employee is not a US citizen or resident)
Employee may contact DES at (888)737-0259 and select appropriate menu option for assistance.

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
All TAW Apparel

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 Executive 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 worked 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 **Will be determined after inspection
as guided by the company Vehicle Use Policy _____ \$ _____
- Other: _____ \$ _____

Employee Signature: _____ Date: _____