



**TERMINATIONS**

<b>Employee Name</b>	<b>Social Security Number/ID Number</b>	<b>Reason</b>	<b>Termination Date</b>

**FAMILY MEDICAL LEAVE ACT**

<b>Employee Name</b>	<b>Social Security Number/ID Number</b>	<b>FLMA Termination Date</b>	<b>Employment/ Coverage Reinstatement Date</b>	<b>Last Day Worked</b>

**WORKERS COMP.**

<b>Employee Name</b>	<b>Social Security Number/ID Number</b>	<b>Work Related Injury</b>	<b>Employment/ Coverage Reinstatement Date</b>	<b>Last Day Worked</b>

**COBRA NOTIFICATIONS**

<b>Employee Name</b>	<b>Social Security Number/ID Number</b>	<b>Termination Date</b>	<b>Reinstate Date</b>