

TERMINATIONS

Employee Name	Social Security Number/ID Number	Reason	Termination Date

FAMILY MEDICAL LEAVE ACT

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

WORKERS COMP.

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

COBRA NOTIFICATIONS

Employee Name	Social Security Number/ID Number	Termination Date	Reinstate Date