



# SEPARATION QUESTIONNAIRE

Job No: \_\_\_\_\_

## PART 1 (TO BE FILLED OUT BY EMPLOYEE)

1. NAME :

(Print Last Name)

(First Name)

(Social Security Number)

2. Did you have any on-the-job injuries or job related illnesses during your employment?

☐ NO ☐ YES *If yes, please answer the following questions:*

Approximate date(s) of injury(s) \_\_\_\_\_

Did you report it to your HASKELL Foreman?

YES

☐

NO

☐

Part(s) of body involved: \_\_\_\_\_

Was a Workers Compensation Claim Filed?

YES

☐

NO

☐

Was an Accident Report completed?

YES

☐

NO

☐

Are you still receiving treatment?

YES

☐

NO

☐

Have you fully recovered?

YES

☐

NO

☐

Do you have any permanent impairment?

YES

☐

NO

☐

3. Are you now in good health to the best of your knowledge?

YES

☐

NO

☐

If NO, please explain: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART 2 (TO BE FILLED OUT BY HASKELL REPRESENTATIVE)

Employee No: \_\_\_\_\_

Termination from work-site

☐

Termination from shop

☐

REASON FOR SEPARATION:

CRAFT: \_\_\_\_\_

☐ Reduction of workforce

☐ Eligible for Re-hire

☐ For Cause

☐ Not Eligible for Re-hire Must pass TPA Drug Screen

☐ Quit

☐ Stand-by until \_\_\_\_\_ or for \_\_\_\_\_ weeks

HASKELL REPRESENTATIVE: \_\_\_\_\_ TERM DATE: \_\_\_\_\_

(Print)

Fill out bottom portion, remove and give to employee

## EMPLOYEE SEPARATION

EMPLOYEE NAME \_\_\_\_\_ CRAFT: \_\_\_\_\_

REASON FOR SEPARATION:

☐ Reduction of workforce

☐ Eligible for Re-hire

☐ For Cause

☐ Not Eligible for Re-hire (explain)

☐ Quit

☐ Stand-by until \_\_\_\_\_ or for \_\_\_\_\_ weeks

HASKELL REPRESENTATIVE: \_\_\_\_\_ TERM DATE: \_\_\_\_\_

(Sign)