

# Employee Termination Record

My employment with the Company has been voluntarily terminated without any duress, coercion, or compulsion as of \_\_\_\_\_ (date). I have received a sum of \$ \_\_\_\_\_, balance in full, for all regular and overtime wages due to me as of this date.

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_

Received and Accepted by \_\_\_\_\_

Date \_\_\_\_\_

*The Washington Restaurant Association believes that these employee notices are legally sufficient, accurate, and in compliance with applicable law as of the date set forth below. Because the law is constantly changing, the Association makes no warranty or representation concerning the legal accuracy, adequacy or sufficiency of these employee notices. Members use these employee notices at their own risk. The Washington Restaurant Association recommends that members intending to use these employee notices have them reviewed by their own legal counsel.*