

Carolina Family Health Centers, Inc.

Termination of Employment

EMPLOYEE NAME: _____ **POSITION:** _____

CONFERENCE DATE: _____ **TERMINATION DATE:** _____

CIRCUMSTANCES OF TERMINATION:

ELIGIBLE FOR REHIRE: _____ **Yes** _____ **No**

CONFERENCE CONDUCTED BY:

Supervisor

Date

Director of Human Resources

Date

REVIEWED BY:

Chief Executive Officer

Date