



Employee Separation Form

Please Email to Payroll@paysmartpa.com or Fax to 717-307-3159

Business Name _____

Employee Name: _____

Termination Date: _____

Final Check Date: _____

Will PTO/Vacation/Sick be paid out?: No Yes _____

Should all deductions be taken from the final check?: No Yes _____

Should the final check be live or direct deposit?: No Yes _____

Should the full salary be paid if salaried?: No Yes _____

Additional Notes: