

## Termination Authorization Form

Employee Information					
Today's date	YYYY-MM-DD				
Employee name			Was a performance improvement plan introduced prior to termination?		
Title			If not, why not?		
Age	Annualized Earnings Used to Calculate Severance			Comments/Details	
Likelihood of re-employment	Low	Salary	\$50,000		
Hire date	February 15, 2004	Other recurring pay	\$4,800	car allowance \$400/month	
Proposed date of termination	July 26, 2017	Pension contributions			
Completed, full years of service	13.45	Bonus	\$8,000		
Termination classification	Dismissal - with cause	<b>TOTAL SEVERANCEABLE WAGES</b>		<b>\$62,800</b>	
Rationale for termination	Unacceptable behavior with customers	<b>DAILY WAGES</b>		<b>\$241.54</b>	
Legislated Payments at Termination					
Payment	Weeks	Dates covering	# of days	Cost	
Pay in Lieu of Notice in accordance with ESA	8.00	July 27 + 8 weeks	40.00	\$9,661.54	
# of days wages payable to final pay date (due to payroll lag)		week beginning July 24	3.00	\$724.62	
# of vacation days owed			5.00	\$1,207.69	
Overtime bank			2.50	\$603.85	
<b>Total days wages payable as per ESA</b>			<b>50.50</b>	<b>\$12,197.69</b>	
Supplemental Pay					

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Payment	Weeks per Year	# of weeks payable less ESA notice	# of days	Cost	
# of weeks of supplemental pay (based on full years of service)	4.00	45.79	228.94	\$55,298.89	
# of months equivalent				10.57	
# of years equivalent				0.88	
			<b>Sub-total</b>	\$55,298.89	
			<b>Total</b>	\$67,496.58	
			Deduct amounts owing to the Company	-\$18,280.00	
			<b>Cash Grand Total Payable</b>	<b>\$49,216.58</b>	
Other Termination Costs					
	Weeks		\$ Cost per Week	Total \$ Value	
# of weeks of benefits continuance	8.00		\$30.00	\$240.00	Extend Extended Health & Dental
# of weeks of provincial medical coverage	8.00		\$38.00	\$304.00	
Outplacement counselling				\$4,000.00	
<Other>					
			<b>Grand Total Cost of Termination</b>	<b>\$53,760.58</b>	
Payout Method					
Select payout method	Salary continuance				

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If Salary Continuance, indicate last pay day	YYYY-MM-DD
<b>Authorizations</b>	
<b>Manager:</b> <Name>	
Signature: _____	Date: _____
<b>Department VP:</b> <Name>	
Signature: _____	Date: _____
<b>Head of Finance:</b> <Name>	
Signature: _____	Date: _____
<b>HR:</b> <Name>	
Signature: _____	Date: _____

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