

Separation Certificate

Date: _____

Employee Name: _____

Position: _____

Employee ID: _____

Department: _____

This certificate confirms that the above-named employee's employment with _____ has been terminated as of _____.

Last working day: _____

Reason for separation: _____

All dues have been settled and the company releases the employee from all work-related responsibilities as of the last working day mentioned above.

Authorized Signature:

Name & Position:

Company Stamp:
