HASKELL
CORPORATION

# SEPARATION QUESTIONAIRE

Job No: _____

## PART 1 (TO BE FILLED OUT BY EMPLOYEE)

1. NAME : _____ (Print Last Name) _____ (First Name) _____ (Employee Number)

**2. Did you have any on-the-job injuries or job related illnesses during your employment?**

☐ NO ☐ YES ***If yes, please answer the following questions:***

Approximate date(s) of injury(s) _____

Did you report it to your HASKELL Foreman? YES ☐ NO ☐

Part(s) of body involved: _____

Was a Workers Compensation Claim Filed? YES ☐ NO ☐

Was an Accident Report completed? YES ☐ NO ☐

Are you still receiving treatment? YES ☐ NO ☐

Have you fully recovered? YES ☐ NO ☐

Do you have any permanent impairment? YES ☐ NO ☐

**3. Are you now in good health to the best of your knowledge?** YES ☐ NO ☐

If NO, please explain: _____

**EMPLOYEE SIGNATURE:** _____ **DATE:** _____

## PART 2 (TO BE FILLED OUT BY HASKELL REPRESENTATIVE)

Employee No: _____ Termination from work-site ☐ Termination from shop ☐

**REASON FOR SEPARATION:** CRAFT: _____

☐ Reduction of workforce ☐ Eligible for Re-hire

☐ For Cause ☐ Not Eligible for Re-hire (explain)

☐ Quit ☐ Stand-by until _____ or for _____ weeks

HASKELL REPRESENTATIVE: _____ (Print) TERM DATE: _____

Fill out bottom portion, remove and give to employee

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## EMPLOYEE SEPARATION

EMPLOYEE NAME _____ CRAFT: _____

**REASON FOR SEPARATION:**

☐ Reduction of workforce ☐ Eligible for Re-hire

☐ For Cause ☐ Not Eligible for Re-hire (explain)

☐ Quit ☐ Stand-by until _____ or for _____ weeks

HASKELL REPRESENTATIVE: _____ (Sign) TERM DATE: _____