

NOTIFICATION OF TERMINATION OF EMPLOYMENT FORM

EMPLOYER INFORMATION:

SURROGATE INFORMATION:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

DATE OF BIRTH: _____

EMPLOYEE (PCA) INFORMATION:

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

PHONE: _____

EMPLOYMENT INFORMATION:

FIRST DAY WORK PERFORMED: _____

LAST DAY WORK PERFORMED: _____

¿WHY IS THIS EMPLOYEE (PCA) NO LONGER WORKING FOR YOU? (CHECK ONE REASON ONLY)

LACK OF WORK ¿DO YOU EXPECT TO RECALL THIS EMPLOYEE? _____ YES _____ NO

IF YES, AND THE RECALL DATE IS SCHEDULED, PLEASE ENTER DATE HERE _____

FAILED TO MEET PERFORMACE STANDARDS. NO MISCONDUCT.

DISCHARGED FOR MISCONDUCT

QUIT

LEAVE OF ABSENCE

SUSPENSION

COURT CONVICTION

OTHER (PLEASE EXPLAIN) _____

EMPLOYER'S SIGNATURE: _____ DATE: _____

PLEASE MAIL WITH EMPLOYEE'S LAST ACTIVITY TIMESHEET TO:

STAVROS FISCAL INTERMEDIARY OFFICE

P.O. BOX 2130

AMHERST, MA 01004