

**☐ NOTIFICATION OF TERMINATION OF EMPLOYMENT FORM ☐**

**EMPLOYER INFORMATION:**

**SURROGATE INFORMATION:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (            ) \_\_\_\_\_

PHONE: (            ) \_\_\_\_\_

EMPLOYER NUMBER:

**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 PERFORMANCE 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**