

☐ 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/RESIGNED

LEAVE OF ABSENCE (PLEASE EXPLAIN) _____

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**