SAMPLE

☐ *NOTIFICATION OF TERMINATION OF EMPLOYMENT FORM* ☐

EMPLOYER INFORMATION:

CONSUMER #: **CONSUMER NUMBER**

NAME: **CONSUMER NAME**

ADDRESS: **CONSUMER ADDRESS**

PHONE: **CONSUMER PHONE NUMBER**

SURROGATE INFORMATION:

NAME: **SURROGATE NAME**

ADDRESS: **SURROGATE ADDRESS**

PHONE: **SURROGATE PHONE NUMBER**

EMPLOYEE (PCA) INFORMATION:

NAME: **PCA'S ADDRESS**

ADDRESS: **PCA'S ADDRESS**

DATE OF BIRTH: **PCA DATE OF BIRTH**

SOCIAL SECURITY #: **PCA'S SOCIAL SECURITY**

PHONE: **PCA'S PHONE NUMBER**

EMPLOYMENT INFORMATION:

FIRST DAY WORK PERFORMED: **FIRST DATE OF WORK** LAST DAY WORK PERFORMED: **LAST DATE OF WORK**

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

MUST CHECK ONE

- ☐ 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: **CONSUMER/SURROGATE SIGNATURE** DATE: **TODAY'S DATE**

PLEASE MAIL WITH EMPLOYEE'S LAST ACTIVITY TIMESHEET TO:

Northeast Arc Fiscal Intermediary Department

6 Southside Rd
Danvers, Ma. 01923
Or Fax to
978-750-3639