

Johnston Community Education End of Employment Form

Staff Name: _____

Position _____

Last Day to Work _____

Address _____

City _____ State _____ Zip _____

Telephone #: _____

Cell phone #: _____

Email Address _____

Address to send last paycheck: (If different than above)

Address _____

City _____ State _____ Zip Code _____

Address to send W-2: (If different than above)

Address _____

City _____ State _____ Zip Code _____

Attach copy of resignation letter.

Resignation accepted by _____ Date _____