

Report Employee Termination

Please use this form to report the separation of employment for an employee who is a party in a child support matter. Your compliance with this inquiry is appreciated. We request this report remain **CONFIDENTIAL**.

Please print this form and send it to: DCF-Office of Child Support, Employer Services Unit, 103 South Main Street, Waterbury, VT 05671-1901, fax it to: 802-241-2748 or call our Employer Services Unit at 1-800-786-3214.

Thank you in advance for your cooperation.

Employer Information

Contact Information:

Company Name: _____

Contact Name: _____

Contact Phone: (____) _____ - _____

Former Employee Information

Name:

First: _____ Middle: _____ Last: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ (MM/DD/YYYY ie. 12/22/1999)

Former Employee Home (or Last Known) Address

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Home Phone: (____) _____ - _____

Employment Information

Begin Date: ____/____/____ (MM/DD/YYYY ie. 12/22/1999)

Termination Date: ____/____/____ (MM/DD/YYYY ie. 12/22/1999)

New Employment Information (if known)

New Employer Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Insurance Information

Number of Dependents Claimed: _____

Will medical insurance continue to be available for this employee?

_____ Yes _____ No _____ Unknown