



EMPLOYMENT TERMINATION NOTICE

If possible please return by fax to: (801) 963-3518

EMPLOYEE'S NAME _____ SS # on file _____

1. Date of employment _____
2. Position or title _____
3. Date of termination _____
4. Provide the date the last paycheck was issued _____
5. Gross wages on last paycheck \$ _____
6. Reason for Termination _____

**Please attach a pay history for this employee for the last 90 days of employment.
This will enable us to average wages.**

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. to any matter within its jurisdiction.

I certify that the above information is true and correct.

Name of Company _____ Title of Company Official _____

Address _____ Print Officials Name _____

City, State, Zip _____ Signature of Official _____

Telephone Number _____ Date Verification Completed _____

