

***NOTIFICATION OF TERMINATION OF EMPLOYMENT FORM***

**EMPLOYER INFORMATION:**

**SURROGATE INFORMATION:**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

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**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 PERFORMACE STANDARDS. NO MISCONDUCT.

DISCHARGED FOR MISCONDUCT

QUIT

LEAVE OF ABSENCE

SUSPENSION

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