

Employment Termination

NAME _____ SSN# _____

1- YOU WERE/WILL BE LAID OFF/DISCHARGED ON _____ 20 _____

2- YOU ARE TERMINATING YOUR EMPLOYMENT ON _____ 20 _____

3- YOU WERE/WILL BE ON LEAVE OF ABSENCE STATRING _____ 20 _____

4- ON _____ EMPLOYMENT STATUS CHANGED/WILL CHANGE AS FOLLOWS:

NAME OF EMPLOYEE

NAME OF EMPLOYER

BY

BY