



## EMPLOYMENT TERMINATION FORM

Please clearly print or type the requested information. You must complete a separate form for each employee you wish to terminate. In the event you do not have the specific date of the termination, we will use the date the completed document is received as the employee's date of termination. This form is to be completed by the Employer.

Employer's Name: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

\_\_\_\_\_

Employee's Social Security #: (last 4 digits): xxx-xx-\_\_\_\_\_ OR

Employee Date of Birth: \_\_\_\_\_ (mm/dd/year)

Date of Termination: \_\_\_\_\_ (mm/dd/year)

Please check one:  Voluntary  Involuntary

\_\_\_\_\_  
Employer Printed Name

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date Signed

**For Office use only-DDS Program**

Database update date: \_\_\_\_\_ Initials: \_\_\_\_\_

ACCPAC update date: \_\_\_\_\_ Initials: \_\_\_\_\_

Processor update spreadsheet date: \_\_\_\_\_ Initials: \_\_\_\_\_