

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

**EMPLOYER INFORMATION:**

**SURROGATE INFORMATION:**

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

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

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

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

PHONE: (\_\_\_\_\_) \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMPLOYER NUMBER:

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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 PERFORMANCE STANDARDS. NO MISCONDUCT.
- DISCHARGED FOR MISCONDUCT
- QUIT/RESIGNED
- LEAVE OF ABSENCE (PLEASE EXPLAIN) \_\_\_\_\_
- 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