

**NOTICE OF EMPLOYEE TERMINATION**

Forward this form with final timesheet

Consumer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Direct Care Worker Name \_\_\_\_\_ Date last worked \_\_\_\_\_

**REASON FOR SEPARATION**

**Voluntary Resignation**

- Job elimination
- End of temporary employment
- Reason unknown
- Walked off job
- Family obligation
- Transportation
- Accepted another job
- Dissatisfaction with work hours, salary or working conditions

**Involuntary Termination**

- Insubordination
- Violation of consumer and/or program rules
- Reported under influence of alcohol/drugs
- Destruction of company property
- Falsification of employment application
- Absenteeism –excessive and/or unauthorized
- Poor job performance
- Inability to work –illness
- Failed background check
- Accused/convicted of crime child related.
- Theft
- Other (Please Specify \_\_\_\_\_)

To the best of my knowledge I verify the above to be true.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

**IT IS IMPORTANT THAT THIS FORM BE SENT WITH FINAL  
TIME SHEET. THANK YOU.**