

REQUEST FOR INFORMATION ON TERMINATION OF EMPLOYMENT

EMPLOYEE NAME: _____ SOCIAL SECURITY #: _____

I herewith give consent to my present/former employer to release the information as applicable.

Yo doy autorización para que mi empleador presente/anterior facilite la información como aplique.

Với mẫu đơn này, tôi cho phép người chủ hiện tại/người chủ trước đây tiết lộ tin tức cần thiết cho trường hợp của tôi.

Signature of Employee/Firma de Empleado/Chữ ký của Nhân Viên _____ Date/Fecha/Ngày _____ Telephone Number/Número Telefónico/Số Điện Thoại _____

TO BE COMPLETED BY EMPLOYER

(For instructions on how to complete this section, please see back of this form.)

Business Name: _____ Business Type: Non-Profit Profit

Address: _____ Pay Rate: \$ _____ per hour
 Other _____

Telephone Number: _____ Pay Frequency: biweekly monthly
 weekly biweekly

1. When did he/she start working for your company/organization?

Start date: _____ End date: _____ Last day of work: _____

2. Reason for termination: Medical leave Expected date of return: _____
 Temporary employment
 Other: _____

3. Is he/she eligible for rehire? Yes No If yes, when? _____

4. Date final check issued: _____ Gross amount: \$ _____

What were the total earnings paid in the last month of employment? \$ _____

5. Does employee have group health insurance coverage? Yes No

If yes, Name of insurance company: _____ When will insurance stop? _____

Can the group health insurance coverage be converted to an individual health plan? Yes No

6. Are there any outstanding benefits or pay due to the employee in the future? Yes No

If yes, identify type of benefit: _____

When will it be issued? _____ Balance due: \$ _____

Print Name _____ Signature of Employer _____ Title _____ Date _____ Telephone Number _____

For Official Use Only

RECORD ID #: _____

Instructions for Completing the “Request for Information on Termination of Employment”

“TO BE COMPLETED BY EMPLOYER” SECTION

1. Indicate hire date and last day of work.
2. Indicate the reason for termination.
3. Indicate if employee is eligible to be rehired. If you intend to rehire employee, indicate the approximate date, if possible.
4. Indicate the date final check was issued, gross amount and total amount paid in the last month of employment.
5. Indicate if employee has health care insurance coverage. If so, can former employee convert to an individual health plan?
6. Indicate what additional benefits (i.e., severance pay, bonus check, etc.) are owed to the employee, when they will be issued to the employee, and the balance due.

Please make sure that you sign and date the form.