

**INFORMATION NEEDED BY HEADQUARTERS WHEN SOMEONE ENDS EMPLOYMENT**

Employee Name: \_\_\_\_\_

Last day of work: \_\_\_\_\_

If they have vacation or personal time accumulated, how do they want this paid?

All at once and added to final check

Continue like normal until days run out

Where and how to send final check?

If they have voluntary Dental Insurance, they need to sign a form to cancel that insurance. Call Amy & she can fax the form to your location.

NOTE: It's best if I know the last day worked ASAP, as there are certain deductions that may need to be doubled and others that may need to cease, depending on the date and how the pay periods fall.

\_\_\_\_\_  
Signature – Pro Supervisor

\_\_\_\_\_  
Date

Comment: (i.e. reason for leaving, notice given or not given, problems if any)

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