

# TERMINATION FORM

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

**TERMINATION FORM MUST BE FAXED OR DELIVERED TO PROFESSIONAL TAX & ACCOUNTING SERVICES THE DAY OF TERMINATION. FAX (316) 941-9309**

Professional Tax & Accounting Services, LLC Use Only			
Records Updated:	ADP: _____	EXCEL: _____	FILE: _____
Benefits Papers Mailed:	Cobra: _____	401K: _____	125: _____
Notes: _____			