

Employment Termination Notice

Participant: _____

Case ID: _____

Directions: Complete this form if you are no longer employing a worker. Complete one form per worker and submit to Palco within 24 hours of termination. All items in the box below must be completed to the best of your ability to enable Palco to comply with important state employment laws on your behalf and to provide the worker with important year-end tax information. Please return this form to Palco by mail or fax at the address or fax number listed below, or email to forms@palcofirst.com.

As a condition of your participation in the self-directed program, you are required to notify Palco of important changes on your account, such as termination of employment. Failure to notify us of such events increases the chances of fraudulent claims filed on your behalf, which could present penalties under the U.S. False Claims Act or prosecution by the State Attorney General, among other sanctions.

REQUIRED TERMINATION INFORMATION	
1. Worker Name:	_____
2. Last Day Worked:	____ / ____ / ____
3. Number of Hours Usually Worked:	Per Day _____ Per Week _____
4. Reason for Separation (select one):	
<input type="checkbox"/> Worker failed to report for work for _____ days	
<input type="checkbox"/> Worker quit	
<input type="checkbox"/> Worker was dismissed (fired) for the following reason (select one):	
<input type="checkbox"/> Attendance/Tardiness	
<input type="checkbox"/> Poor performance	
<input type="checkbox"/> Other (explain) _____	

Employer Signature

Date

If you are the worker completing this form and your employer refuses to sign, please sign below.

Worker Signature

Date