



Employment Termination Form



"A partner in the Smart Start network"

"Building Brighter Futures"

TO BE COMPLETED BY YOUR EMPLOYER:

_____ participates in the Child Care Subsidy Scholarship Program of Wilson Smart Start.
(Name of Employee (Worker)) The following information is needed in order to document the applicant's income/employment.
Please complete the following information and return to the address shown below by: _____.

Social Security # or ITIN #: _____ Termination date of employment: ____/____/____

Reason for Termination: (Please check one)

VOLUNTARY RESIGNATION

- Secured better position
- Dissatisfied (type of work)
- Dissatisfied (salary)
- Dissatisfied (supervisor)
- Dissatisfied (working conditions)
- Generally dissatisfied
- Retirement
- Returned to school
- Moving out of area
- Family or personal circumstances
- In Lieu of Discharge
- No Reason Given

INVOLUNTARY TERMINATION

- Absenteeism or Tardiness
- Failure to Meet Performance Expectations
- Insubordination
- Not qualified for the position
- Gross Misconduct
- Dishonesty or Theft
- Job abandonment
- Death
- Other

LAY OFF

- Lack of Work
- Job Eliminated

Eligible for Re-hire? Yes No, Explain: _____

Contact information for the person completing this form:

Name: _____ Title: _____

Name of Company: _____

Phone number: _____ Fax number: _____

Email: _____

I verify that all the information contained in this Employment Termination Form is true and correct.

Signature

Date

Thank you in advance for completing this form. If you have any questions, please contact Wilson Smart Start at 252-206-4235.
109 Park Avenue West, Wilson, NC 27893 **252-206-4235 (phone) **252-206-4245 (fax)
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