



### Employee Action Notice Form

Use this form when an employee will no longer be working for you or needs their personal information updated.

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

**Last 4 digits of SSN:** \_\_\_\_\_

Check the appropriate box and fill in the information below. **If a name change is occurring, supporting legal documentation is required with submissions.**

<input type="radio"/> Address Update	<input type="radio"/> Name Change	<input type="radio"/> Involuntary Termination	<input type="radio"/> Voluntary Termination
<input type="radio"/> Email Address Update		<input type="radio"/> Phone Number Update	

**Changes:**

Fill in appropriate changes		
Employee Name:		
Address:		
City:	State:	Zip Code:
Email Address:		
Phone Number:		

Reason for Separation from Employment if applicable. Please select appropriately:

- Lack of Productivity/Poor Quality of Work
- Attendance Issues
- Employee quit with written notice
- Employee quit with verbal notice
- Other: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_