TERMINATED EMPLOYMENT FORM

To Whom It May Concern:

The Town of Conway would appreciate employment and wage information regarding:

Employee Name:_____Social Security #:_____

The requested information is <u>necessary</u> for this office <u>to determine eligibility</u> for public benefits and we thank you in advance for your prompt attention to this matter.

Company Name: _____
Mailing address: _____
Physical Address: _____
Phone: _____
Manager Name: _____

Employee's Position or Job Title:_____

Date employment began:_____Date employment ended:_____

Average hours per week worked:_____

Ending rate of pay: _____per _____

Day of week paycheck received: (circle) M   T   W   TH   F   S   Sun

Frequency of pay: (circle) Weekly   Bi-Weekly   Monthly   Other:_____

Date last paycheck was received: _____Net amount of last paycheck:_____

Did your employee have any of the following items through his/her employment with your company?

_____Credit Union Accounts   _____Savings Bond(s)   _____Shares/Profit Sharing

_____Medical Insurance   _____Dental Insurance   _____Retirement Fund/IRA

_____Vacation Pay   _____Sick Pay   _____Personal Days

_____Mandatory wage assignments (specify): _____

_____Other: _____

Can any of the above be liquidated? Yes or No If so, please explain: _____

_____

Please complete the following table and be sure to report bonuses, tips, commission, etc., paid since _____.

Week #	Pay Period	Actual Date Paid	Gross Pay	**NET Pay**	Bonuses, tips etc
1					
2					
3					
4					
5					
6					
7					
8					

Reason for termination or separation. (Was the employee terminated, did he/she voluntarily quit or was it a mutual agreement?) Please explain: _____

_____

Would you rehire at a later date?_____

Would you give this employee a positive reference for future career opportunities? yes or no
ADDITIONAL INFORMATION REQUESTED:

_____

REPLY:_____

_____

Thank you for taking the time to fill out this form. It will be used to determine eligibility for General Assistance. Please feel free to contact me with questions, concerns or comments at 447-3811 ext. 14 or bjparker1@conwaynh.org.

_____   _____
Signature of person providing information   Date

_____
Printed name of person providing information

_____   _____
Title of Person Providing Information   Telephone number