



# TOWN OF CONWAY

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811  
www.conwaynh.org

## 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 necessary for this office to determine eligibility 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 \_\_\_\_\_.



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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](mailto:bjparker1@conwaynh.org).

\_\_\_\_\_  
Signature of person providing information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person providing information

\_\_\_\_\_  
Title of Person Providing Information

\_\_\_\_\_  
Telephone number