HAWAII EMPLOYEE TERMINATION FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

Mail: 1003 BISHOP ST., STE. 1100, HONOLULU HI 96813
Fax: (808) 427-8180
E-mail: ENROLLMENT-HI@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:		
EMPLOYEE ID #: HI __ __ __ __		
LAST DATE OF EMPLOYMENT:	CHECK ONE	
	VOLUNTARY ☐	INVOLUNTARY ☐
REASON FOR ENDING EMPLOYMENT:		
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:		
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:		

PARTICIPANT NAME:	ID #: HI __ __ __ __
PARTICIPANT PROGRAM: (HI-CDO, HI-VDC, HI-CLP-PD)	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE: