



EMPLOYEE TERMINATION FORM

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

Mail: 204 3rd. Ave., Suite 110, Osceola, WI 54020
Fax: 800-687-3121
E-mail: outreach.wi@outreachfiscalagent.com

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 can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:		
EMPLOYEE ID #:		
LAST DATE OF EMPLOYMENT:	CHECK ONE	
	VOLUNTARY <input type="checkbox"/>	INVOLUNTARY <input type="checkbox"/>
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 AND ID #:		
EMPLOYER NAME:		
EMPLOYER SIGNATURE:	DATE:	