Wilson County Partnership for Children

Employment Termination Form

(Child Care Subsidy)

"Building Brighter Futures"

"A partner in the Smart Start network"

_____participates in the Child Care Subsidy Scholarship Program of Wilson County Partnership for Children (Smart Start).

Name of Employee (Worker)

The following information is needed in order to document the applicant's income/employment. Please complete the following information and return to the address shown below by:_____.

Social Security # or ITIN #: _____ Termination date of employment: _____/_____/_____

Reason for Termination: (Please check one)

VOLUNTARY RESIGNATION

_____ Secured better position
_____ Dissatisfied (type of work)
_____ Dissatisfied (salary)
_____ Dissatisfied (supervisor)
_____ Dissatisfied (working conditions)
_____ Generally dissatisfied
_____ Retirement
_____ Returned to school
_____ Moving out of area
_____ Family or personal circumstances
_____ In Lieu of Discharge
_____ No Reason Given

INVOLUNTARY TERMINATION

_____ Absenteeism or Tardiness
_____ Failure to Meet Performance Expectations
_____ Insubordination
_____ Not qualified for the position
_____ Gross Misconduct
_____ Dishonesty or Theft
_____ Job abandonment
_____ Death
_____ Other

LAY OFF

_____ Lack of Work

_____ Job Eliminated

Eligible for Re-hire? ____Yes ____No, Explain: _____

_____

Contact information for the person completing this form:

Name: _____ Title:_____

Name of Company: _____

Phone number: _____ Fax number: _____

Email: _____

I verify that all the information contained in this Employment Termination Form is true and correct.

_____ _____
Signature Date

If you have any questions, please contact Wilson County Partnership for Children (Smart Start) at 252-206-4235.
You may submit this completed form by fax at (252) 206-4245, by email at Charlene.lucas@Wilsonpfc.org, or by outside dropbox at 109 Park Avenue West, Wilson, NC 27893