



### DISTRICT NOTIFICATION OF TERMINATION FORM

Type or print in ink.

- City of Ceres       East Side Mosquito Abatement District       Hills Ferry Cemetery District       Keyes Community Services District
- Salida Sanitary District       Stanislaus Council of Governments       Superior Court

<b>FIRST NAME:</b>		<b>MI:</b>	<b>LAST NAME:</b>		<b>DATE OF BIRTH:</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>MAILING ADDRESS:</b>					<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME ADDRESS:</b>					<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE:</b>		<b>CELL PHONE:</b>		<b>EMAIL ADDRESS:</b>			
<b>OTHER NAMES USED:</b>	<b>EMPLOYEE ID NUMBER:</b>	<b>DATE OF HIRE:</b>		<b>DATE OF TERMINATION:</b>	<b>LAST PAYROLL DATE:</b>		

Job Classification:       General       Safety

Did employee have lost time?       Yes       No

Time Period: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

Did employee work a reduced schedule?       Yes       No

Percentage: \_\_\_\_\_

Did employee go from full-time status to part-time status?       Yes       No

Dates: \_\_\_\_\_

Payroll Clerk Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

