



Employment Resignation or Termination Notice

This form is to be completed and returned in the event of employee resignation or termination; it will serve as a formal notification. For resignations, the employee shall complete and sign the form. For terminations of a PCA or Homemaker, the Consumer or Responsible Party will complete and sign the form. Once complete, please mail or fax to Maplewood Home Care.

Client Name: _____

Employee Name: _____

____ Employee Resigned

Reason: _____

____ Employee Terminated

Reason: _____

Date of last shift worked: _____

Comments (Optional):

As stated in the Employee Handbook Agreement: *“Employee’s may resign their employment with the Consumer/ Maplewood Home Care as joint employers, at any time for any or no reason, and the Maplewood Home Care reserve the same right regarding discontinuation of an individual’s employment.”*

Employee’s will be paid for hours worked as submitted on Timesheets and verified/signed by the Consumer or Responsible Party. Final Timesheets must be signed and submitted according to our agency’s Policies & Procedures. Any Timesheets submitted 30 days after date of termination will not be accepted nor paid.

Signature of person completing this form

Date

Office Use Only:

_____ Initials _____ Date Received _____ Date of final payroll