



Maplewood Home Care
seniorhomeinc.com

1736 Cope Avenue E. | Suite 2 | Maplewood, MN 55109
Phone: 952-456-6561 | Fax: 952-777-1668

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 resignation, the employee shall complete and sign the form. For termination of a PCA or Homemaker, the Consumer or Responsible Party will complete and sign the form. Upon completion, please mail or fax to Senior Home Living, Inc. DBA Maplewood Home Care.

Employee Name:

Employee Resigned
Reason:

Employee Terminated
Reason:

Effective date of resignation/ termination: Click or tap to enter a date.

Comments (Optional):

Final Timesheet(s) must be signed by consumer or responsible party and submitted according to our agency's Payroll Policy & Procedure. Any Timesheet(s) submitted 30 days after date of termination, will not be honored.

Employee Signature: Click or tap to enter a date.
Date

Consumer/ Responsible Party: Click or tap to enter a date.
Date

Office Use Only:
_____Initials _____ Date Received _____ Date of final payroll _____