



EMPLOYMENT TERMINATION NOTICE

DATE: _____
RE: _____
APT #: _____
SOCIAL SECURITY # _____

TO WHOM IT MAY CONCERN:

YOUR NAME HAS BEEN GIVEN AS THE EMPLOYER OF THE ABOVE NAMED PERSON, WHO STATES THAT THEIR EMPLOYMENT WITH YOUR FIRM HAS BEEN TERMINATED. WE WILL APPRECIATE YOU SUPPLYING US WITH THE INFORMATION REQUESTED BELOW, SO THAT THIS MAY BE VERIFIED.

AUTHORIZATION TO RELEASE INFORMATION:

SINCERELY YOURS:

SIGNATURE OF RESIDENT

SIGNATURE OF HOUSING AUTHORITY OFFICIAL

LAST DAY WORKED: _____

REASON FOR HIS /HER TEMINATION OF EMPLOYMENT WITH YOUR FIRM: _____

DISCHARGED: _____ YES _____ NO IF SO REASON _____

QUIT _____ YES _____ NO IF SO, WHY? _____

ON ACCOUNT OF ILLNESS? _____ IF SO NATURE OF ILLNESS _____ TO

TAKE ANOTHER JOB? _____ YES _____ NO IF SO, WHERE? _____

FIRM: _____
BY: _____
TITLE _____
PHONE: _____

H.A.C.M. USE ONLY:
DATE RECEIVED: _____
BY: _____