



## EMPLOYEE CHANGE/TERMINATION FORM

### UPDATE EMPLOYEE INFORMATION

Complete this section when there is any change in your employee's information. For a change in name fax or mail a copy of the social security card with this form.

Check One: Change in Name  Address

NAME

ADDRESS

CITY/ST/ZIP

PHONE NO. (    )

SOCIAL SECURITY NO.

AUTHORIZED SIGNATURE

DATE

### TERMINATION NOTICE

Complete this section when terminating an employee.

EMPLOYEE

TERMINATION DATE

CHECK ONE

VOLUNTARY

INVOLUNTARY

REASON FOR TERMINATION

FORWARDING ADDRESS

CITY/ST/ZIP

INSTRUCTIONS FOR LAST PAY CHECK

EMPLOYER NAME (please print)

EMPLOYER SIGNATURE

DATE

**EMPLOYER IS TO COMPLETE THE NECESSARY SECTION FOR EMPLOYEE. PLEASE FAX OR MAIL COMPLETED AND SIGNED FORM TO:**

**FAX: 877-567-5602**  
**ACUMEN**  
**4542 E INVERNESS STE 210**  
**MESA, AZ 85206**