



Return to:

DEANNA L. WATSON
EXECUTIVE DIRECTOR

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

TERMINATION OF EMPLOYMENT

EMPLOYER: _____

EMPLOYEE NAME: _____

ADDRESS: _____

Last 4 SS#: XXX-XX-_____

STATE, CITY ZIP: _____

RELEASE:

I hereby authorize the above named employer to release the information requested below.

Employee Signature: _____

Date: _____

This section to be completed by the employer only:

The above listed employee has applied for, or is receiving, assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires verification of income in determining eligibility or level of assistance. We ask for your cooperation in providing the following information and returning it by faxing to our office at (208) 345-4909.

Hire Date _____ Termination Date (if applicable) _____

Type of Termination: Layoff Quit Fired Other _____

Please Explain: _____

Date Final Check Released: _____

Will the employee be eligible for unemployment benefits Yes No

Completed by: _____

Name - Please print or type

Signature and Title

Phone Number

Date



BARRIER
FREE