

INSURANCE/EMPLOYEE BENEFITS/PAYROLL

Employee Termination Form

*******THIS FORM MUST BE FILLED OUT FOR PAYROLL AND BENEFITS TO BE PROCESSED*******
Failure to complete all necessary information will delay processing.

- 1. Employee Name _____
- 2. Social Security Number _____

3. Employer Name _____ Location # _____ Phone # _____

4. Paycor Client ID (from Payroll Journal) _____

5. Employee Termination Date _____ All Benefits Terminate with this date.

6. Are there special arrangements for continuation of benefits? Yes _____ No _____

7. Describe the special arrangements: _____

Employer Signature _____ **Date** _____

This form to be filled out and signed by the EMPLOYER
Fax completed form to (412)456-3050 or Email to benefits@diopitt.org

-----FOR INSURANCE/PAYROLL USE ONLY-----

PAYROLL

EMPLOYEE #: _____

PSD Code: _____ % _____

Signature: _____

Date: _____

BENEFITS

Life Conversion _____ Paycor _____

eBenefits _____ File _____

The Standard _____ J.E. _____

Signature: _____ Date: _____