



State of Utah  
Department of Workforce Services  
**Employment Termination**

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Employed Person: \_\_\_\_\_ SSN: \_\_\_\_\_

**Please use a black pen to complete form.**

**EMPLOYER INFORMATION**

Company Name: \_\_\_\_\_  
Corporate Name (if different): \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Name of Supervisor or HR contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Average hours the employee was working per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_
2. Date of hire: \_\_\_\_\_ Last day worked: \_\_\_\_\_
3. Date final check available to the employee: \_\_\_\_\_
4. Gross amount (before taxes) of final paycheck: \_\_\_\_\_
5. Total **gross pay** (before taxes) in the month employee received their final check: \_\_\_\_\_
6. Did employee receive severance pay or vacation pay separate from their final check? \_\_\_\_\_  
If so, how much? \_\_\_\_\_
7. Reason for leaving:  Quit (list reason) \_\_\_\_\_  Laid off (date) \_\_\_\_\_  
 Fired (list reason) \_\_\_\_\_  Leave of absence (length) \_\_\_\_\_  
 Other (reason) \_\_\_\_\_
8. Is this a temporary termination or furlough?  Yes  No  
If yes, when is the employee expected to return to work for this company? \_\_\_\_\_
9. Is there an option for continued medical insurance?  Yes  No  
If yes, please list insurance carrier: \_\_\_\_\_ Group #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ and COBRA amount: \$ \_\_\_\_\_
10. Does the employee have any retirement and/or 401K benefits?  Yes  No If yes, how much? \$ \_\_\_\_\_
11. Any additional comments: \_\_\_\_\_

|                              |               |
|------------------------------|---------------|
| _____<br>Employer Signature* | _____<br>Date |
| _____<br>Customer Signature  | _____<br>Date |

\*Additional verification will be required if employer does not sign form.

**Return form to employee or to DWS. If returning to DWS, mail, email, or fax to:**  
Department of Workforce Services                      Salt Lake City Area: 801-526-9500  
Imaging Operations    Toll free: 1-877-313-4717  
P.O Box 143245  
Salt Lake City, UT 84114-3245                              Email: [imagingops@utah.gov](mailto:imagingops@utah.gov)