



EMPLOYEE TERMINATION FORM

Termination Notice

(Complete when terminating an employee)

Employee Name:
Termination Date:
Forwarding Address:
Instructions for last pay check:

Participant Name (Print)

Employee Name (Print)

Participant Signature

Employee Signature

Date

Date

Please submit by email, fax, mail or drop as shown below:

Email: InfoCDID@ConsumerDirectCare.com

Fax: 1-877-898-0417

Mail/Drop Off:

Consumer Direct Care Network Idaho
280 E. Corporate Drive, Suite 150
Meridian, ID 83642-2953

