



# PAYROLL DISMISSAL FORM

## DISMISSAL DETAILS

Full Name :   
*(PLEASE USE CAPITAL)*

Last Day : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Choose to Leave? :  Yes  No

Reason for Dismissal : \_\_\_\_\_

2 Day Direct-Deposit is a eligible option :  Yes  No

*This space is where you can share notes*

Supervisor Notes : \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

Date: \_\_\_\_\_

*Top Section is for Supervisor use only*

## PLEASE SIGN AND DATE

Employee Notes : \_\_\_\_\_

**I have read and understood the terms and conditions of this Payroll Dismissal form.**

**Please submit this form to :**  
**Support@caresdesk.org**  
**THANK YOU**

\_\_\_\_\_  
**Employee Signature**

Date: \_\_\_\_\_