

## EMPLOYEE TERMINATION FORM FOR SELF DETERMINATION

Managing Parties should complete this form to terminate an employee and notify Mains'I to process their final paycheck. Once completed submit to the Mains'I Manager.  
Any outstanding mileage or other payments for this employee should also be submitted with this form.

### Employee Information

State: CA      SDP Program Model:      Co Employer (FMS)      Sole Employer (FEA)

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

### Termination

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

Term From      Mains'I      -or-      Participant

Participant Name & Number \_\_\_\_\_

\*Employees termed from Mains'I if they only work for the participant submitting the term. If the employee works for more than one participant they should only be termed from the participant requesting the termination.

### **Termination Reason:**

Disqualified by DDS

Layoff

Fired

Resignation

Never Worked

System Clean Up: Last Worked \_\_\_\_\_

Individual Supported No Longer Receiving Services

Other: \_\_\_\_\_

**Does this employee have hours that need to be paid?**      Yes      No

\*Managing Party- please double check all shifts entered in the time sheet system have been approved

### Notes/Comments:

**Managing Party Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mains'I Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mains'I Manager will submit for to payroll for processing