



81 Makawao Avenue, Suite 202, Makawao, HI 96768 Tel.: 808/572-6454; Fax: 808/572-1788;

Client Name: _____

TERMINATION NOTICE

COMPLETE AND FAX OR MAIL THIS FORM EACH TIME AN EMPLOYEE IS TERMINATED FOR ANY REASON.

TO: PBS Payroll Processing:

Please terminate the following employees as of the dates listed below.

NOTE to Client:

A Reason for termination is REQUIRED.

It is not possible to terminate an employee prior to the last "Paid to" date.

Fax this signed notice immediately to 808/572-1788.

Name	Social Security Number	Effective Date	Reason
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IMPORTANT NOTE: MEDICAL COVERAGE FOR THE ABOVE EMPLOYEES (IF APPLICABLE) WILL BE CANCELLED ON THE NEXT CANCELLATION DATE (USUALLY THE BEGINNING OF THE NEXT MONTH ONLY IF WE'VE RECEIVED NOTICE BY THE 20TH OF THE PRIOR MONTH.) YOUR COMPANY IS RESPONSIBLE FOR MEDICAL PREMIUMS UNTIL FIRST POSSIBLE CANCELLATION DATE. **MEDICAL INSURANCE PREMIUMS ARE NOT PRORATED AND CANNOT BE CANCELED RETROACTIVELY.** I have read and understand this policy.

Signature: _____ Title: _____ Date _____