State of Illinois
Department of Human Services

ARPA IYIP APPENDIX J - PARTICIPANT EMPLOYMENT TERMINATION REPORT

Employee Name: _____

Employer/ Worksite: _____

Date of Hire: _____

Date of Termination: _____

The decision to terminate employment was made by: Employee ☐ Employer ☐

If the employee chose to terminate employment, please complete this section.

Employee

At least two weeks notice given? Yes ☐ No ☐

Did employee provide reason? Yes ☐ No ☐

Please describe reason(s) below:

If the employer chose to terminate employment, please complete this section.

Employer

Reason(s) for decision to terminate:

Printed Name of Employee's Representative: _____

Signature of Employee's Representative: _____ Date: _____