



SEPARATION OF EMPLOYMENT FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

Mail: 1123 Wilkes Blvd., Suite 230, Columbia, MO 65201
Fax: (816) 396-6912
E-mail: payroll-mosds@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:	EMPLOYEE ID #:
LAST DATE DIRECT SERVICE WORKER PHYSICALLY WORKED:	
REASON FOR ENDING EMPLOYMENT (Check only one below):	
<input type="checkbox"/> Employee was let go due to performance issues	<input type="checkbox"/> Employee quit due to dissatisfaction with pay
<input type="checkbox"/> Employee was let go due to individual dissatisfaction	<input type="checkbox"/> Employee quit due to scheduling issues
<input type="checkbox"/> Employee was let go due to scheduling issues	<input type="checkbox"/> Employee quit for unknown reasons
<input type="checkbox"/> Other	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:	
INDIVIDUAL NAME AND ID #:	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE: