

Please PRINT in black ink



CDS Staff Exiting Form

Employee Name _____ Employee # _____

Client Name _____

Client's Representative _____

Employment Status:

- Quit (Voluntary)
- Discharged (Involuntary)
- Client program switch

Last Day Worked: _____

Additional Notes:

If client is switching programs:

Will the employee continue working with the client in the new program? Yes No NA

If employee quit:

Did the employee give advance notice before quitting? Yes No NA

Date employee submitted notice: _____

***Attach any additional documentation to this form*

Signature _____ **Date** _____

Fax or mail form to MRCI-CDS:
 1961 Premier Drive #318, Mankato, MN 56001
 HR Fax: 1-888-696-8552
 HR Email: cdshr@MyMRCI.org

For Office Use Only:	Filing- Keep Open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Entered _____
	245D Direct Course Closed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PTO Issued (date): _____	Verified _____
	Department: <input type="checkbox"/> 150 <input type="checkbox"/> 154	
	AK _____	
SL _____		
NS _____		
ADP _____		
E-Timesheets _____		