

**Termination Notice**

(Complete when terminating an employee)

Employee Name:
Termination Date:
Forwarding Address:
City/State/Zip:
Instructions for last paycheck:

\_\_\_\_\_  
Participant Print\_\_\_\_\_  
Employee Print\_\_\_\_\_  
Participant Signature\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Date

Please submit by email, fax, mail or drop off completed and signed form to:

**Email:** [InfoVeterans@consumerdirectcare.com](mailto:InfoVeterans@consumerdirectcare.com)**Fax:** 877-898-0417**Mail/Drop Off:**

Consumer Direct Care Network Colorado

7951 E. Maplewood Ave #125

Greenwood Village, CO 80111

