

Achieve Healthcare PCA Employment Resignation or Termination Notice

This form is to be completed and returned in the event of employee resignation or termination.

For resignations: the PCA shall complete and sign the form.

For terminations: the Client or Responsible Party will complete and sign the form.

Client Name: _____

PCA Name: _____

PCA Resigned

PCA Terminated

Last date worked: _____

Please provide a description of Resignation or Termination: _____

Employees will be paid for hours worked as submitted on the timesheet and verified/signed by the Consumer or Responsible Party. Final timesheet must be signed and submitted within two weeks of resignation or termination. Any timesheet submitted 30 days after date of termination will not be accepted or paid.

Signature of Person Completing Form

Date

Office Use Only

Date Received: _____

Final Paycheck Sent: _____