

Employee Name		Employee #
Client Name		
Client's Representative _		
Employment Status:  Quit (Voluntary) Discharged (Involuntary) Client program switch  Last Day Worked:  Last Day Worked:		
Additional Notes:		
If client is switching programs:  Will the employee continue working with the client in the new program? ☐ Yes ☐NA		
If employee quit:         Did the employee give advance notice before quitting?       ☐ Yes ☐No ☐		
Date employee submitted notice:		
**Attach any additional documentation to this form		
Signature		Date
Fax or mail form to MRCI-CDS: 1750 Energy Drive PO Box 328, Mankato, MN 56002 HR Fax: 888-696-8552 HR Email: <u>cdshr@MyMRCI.org</u>		
For Office Use Only:	Filing- Keep Open? Yes 245D Direct Course Closed? Yes	□No □No
AK SL	PTO Issued	Entered
NS ADP E-Timesheets	Department: 150 154	Verified