Please PRINT in black ink

MRCI CLIENT DIRECTED SERVICES

Employee Exiting Form

Employee Name _____

Client Name _____ Program _____

Last Day Worked:_____

Employment Status:

☐ **Quit (Voluntary):** *Date employee gave notice: _____*
☐ **Discharged (Involuntary):** *Please provide reason under notes*
☐ **Client program switch:** *Employee will continue to work under new program ____Y _____N*
☐ **Client closure:** *Please provide reason for closure under notes*

Additional Notes:

_____

_____

_____

_____

_____

**Attach any additional documentation to this form

Signature _____ *Date_____*

Fax or mail form to MRCI-CDS:
1750 Energy Dr. Mankato, MN 56001
HR Fax: 888-696-8552
HR Email: cdshr@mymrci.org

For HR Use Only:	*Filing- Keep Open?*	☐ Yes	☐No
	245D Direct Course Closed?	☐ Yes	☐No
Pavillio_____			
SL_____	PTO Issued		
NS_____			
ADP_____	Department: ☐ *150* ☐ *154*	Employee #_____	
Cashe _____			