



SUMMARY FORM FOR EXITING EMPLOYEES
TO BE COMPLETED AND SIGNED BY MANAGING PARTY

I. Personnel Data:

Employee Name: _____

Present Position Title: _____

Managing Party Name: _____

II. Reason for Leaving:

Effective Ending Date: _____

- Resigned Terminated Lack of work hours

If terminated, please state reason(s) why: _____

III. Did Employee give proper notice:

- YES NO

If not, why: _____

Managing Party Signature

Date

HR Representative

Date

** Send original to: Human Resources
Partners in Community Supports
1701 American Blvd East, Suite 7
Bloomington, MN 55425