



STUART T. WILSON CPA, PC
CERTIFIED PUBLIC ACCOUNTANT
FISCAL INTERMEDIARY

Employee Termination Notice

Employer: _____

Employee: _____

Organization: _____

As of _____ (date), my employee _____ is no longer in my services.

Reason: _____

Do not pay any time after this date.

Comments: _____

Employer Signature: _____ Date: _____