

CAO NAME AND ADDRESS
DEPARTMENT OF HUMAN SERVICES 530 13TH STREET FRANKLIN, PA 16323 814-437-4342



CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
61	0112023	MHX	15	0
RECORD NAME	William Dolan	DATE		11/21/2025



Employment Termination Form

TO: William Dolan	SSN: <i>20-74-8561</i>
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You have notified this office that you are no longer employed. Please have your employer complete this form and return it to the office no later than : 12/05/2025

A self-addressed return envelope is enclosed or you can fax this form to: 814-437-4441

EMPLOYER'S NAME: <i>Emmons floral of Franklin</i>	EMPLOYER'S TELEPHONE NUMBER: <i>814 493-8791</i>
EMPLOYER'S ADDRESS: <i>580 Colbert Ave.</i>	
DATE EMPLOYMENT ENDED: <i>11/13/2025</i>	DATE OF FINAL PAY AND GROSS AMOUNT: <i>12/13/2025 194.35</i>
MEDICAL COVERAGE (CHECK ONE): <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, DATE ENDED:
IS EMPLOYEE ELIGIBLE FOR COBRA BENEFITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF YES, NAME OF INSURANCE CARRIER:
GROUP/CONTRACT POLICY #:	DATE COVERAGE BEGAN:

What was the reason for the employee's termination? <i>Insubordination</i>	<i>Engagement with co-worker</i>
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EMPLOYER SIGNATURE <i>L.P.B.</i>	DATE <i>11/13/2026</i>
TITLE <i>Director, Supporter Housing Programs</i>	TELEPHONE # <i>814 493-8791</i>

