PCA/Worker Employment Termination Form

This form can be submitted by either the Consumer/Waiver Participant (employer) or PCA/Worker (employee). It is recommended that the form be signed by both the Consumer/Waiver Participant and the PCA/DCW, but the Fiscal Intermediary will accept the form if it is signed by only one of the parties.

Employer (Consumer/Participant) Information:

Consumer Full Name*	Consumer Number*

Phone Number	Email Address

PCA/Worker Information

PCA/Worker Full Name*	PCA Unique ID *or* Last 4 of PCA/Worker SSN*

Phone Number	Email Address

PCA/Worker Mailing Address* ***(Tempus will change your home address on file, if different from below.)***

Street Address*					
Bldg/Unit/Apt					
City*		**State***		**Zip Code***	

Date of Termination/Resignation*	____ / ____ / _____

***Date of Termination/Resignation is the last day that the PCA/Worker provided or will provide services to this Consumer/Waiver Participant.**

Reason for Termination/Resignation (Check one reason)*

- ☒ Quit
- ☐ Terminated
- ☐ Lack of Work
- ☐ Death
- ☐ Misconduct
- ☐ Laid Off
- ☐ Leave of Absence
- ☐ Not Qualified
- ☐ Background Check
- ☐ Other _____ *Please Explain*

The Massachusetts Wage Act requires employers to pay any unused paid time off (PTO) when a PCA/DCW no longer works for any Consumers and/or Waiver participants. To initiate a pay out of PTO, the PCA/DCW must submit a termination form for each Consumer and/Waiver participant they work for. **This does not apply to CDC Workers.**

Employer (Consumer/Surrogate) Signature **Date**
**Required if submitted by the Consumer/Waiver Participant*

PCA/Worker Signature **Date**
**Required if submitted by the PCA/Worker*

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