

Employee termination form

Participant name: _____
Please print participant name

Employers must complete this form when an employee stops working for them. Please complete and return it to Veridian Fiscal Solutions in one of the following ways:

Mail: Veridian Fiscal Solutions
P.O. Box 4502
Waterloo, IA 50704

Fax: 855-828-0729

Email: NorthDakota@veridiancu.org

Please make sure the final hours owed to your employee are approved and submitted immediately. This will allow us to help you comply with paycheck laws in North Dakota.

Employee name:

Employee ID #:

Last date of employment:

Was this termination voluntary? Yes or No:

Reason for ending employment:

Participant name and ID #:

Employer name:

Employer signature:

Date: