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|  | Stop Work | | DSHS MAILING ADDRESS  **DSHS PO BOX 11699 TACOMA, WA 98411-9905** | | |
| DSHS PHONE NUMBER | | DSHS FAX NUMBER  **888-338-7410** |
| CASE / CLIENT ID NUMBER | | DATE |
| **Section 1: Client, fill out this section before taking it to your job that ended.** | | | | | |
| **By signing here, I give my permission to my employer to complete this form for the Department of Social and Health Services.** | | | | | |
| CLIENT’S SIGNATURE | | DATE | CLIENT: PLEASE PRINT YOUR NAME HERE | | |
| NAME OF COMPANY / EX-EMPLOYER | | | | | |
| COMPANY / EX-EMPLOYER STREET ADDRESS CITY STATE ZIP CODE | | | | | |
| **Section 2: The person in the company who knows the employment and pay information fills out this section.** | | | | | |
| 1. What was the last date that the employee worked?  2. Amount of final paycheck (before taxes): $  Date received:  List the amounts (before taxes) and dates received for other paychecks received in the same month as the final paycheck:  AMOUNT RECEIVED (BEFORE TAXES) DATE RECEIVED  $  $  $  $  3. Why did this job end?  Lack of work  Job was temporary/seasonal  Laid off  On leave (such as leave of absence or parental leave). Is it:  Paid  Unpaid  If paid, how much is the employee paid: $  When is the employee expected to return?  Other:  4. Will the employee receive any severance pay?  yes  No  IF YES: When will it be received? How much will it be? $  5. Can the employee cash out vacation/sick pay?  yes  No  IF YES: When will it be received? How much will it be? $  6. Can the employee withdraw retirement/pension/401K funds?  yes  No  IF YES: When will it be received? How much will it be? $  Please provide the following in case we need to contact you: | | | | | |
| SIGNATURE | | | DATE | TELEPHONE NUMBER | |
| PRINT YOUR NAME HERE | | | POSITION / TITLE | | |