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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 [ ]  UnpaidIf paid, how much is the employee paid: $ When is the employee expected to return? [ ]  Other: 4. Will the employee receive any severance pay? [ ]  yes [ ]  NoIF YES: When will it be received? How much will it be? $ 5. Can the employee cash out vacation/sick pay? [ ]  yes [ ]  NoIF YES: When will it be received? How much will it be? $ 6. Can the employee withdraw retirement/pension/401K funds? [ ]  yes [ ]  NoIF 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 |