



Cook Inlet Tribal Council
Tribal TANF Program

END OF EMPLOYMENT STATEMENT

Payroll Phone Number
Payroll Rep. Name

TANF Worker:
Phone: 907-793-3300
Fax: 907-793-3394
Case #:

Fax Number:

Employee:

LAST 4 OF SSN:

I authorize the release of the following employment information.

Employee Signature:

Date:

Following section to be completed by employer

Employee:

Job Title:

Last day of work:

Date of Final Paycheck:

Gross Amount of Final Paycheck: \$

Reason for Ending Employment:

Did this employee receive any additional compensation at end of employment? Please explain:

Is this past employee eligible to withdrawal from a retirement savings account or pension plan? Yes No

If yes, list the company that oversees the retirement savings account or pension plan:

Employer's Signature: Date:

Company Name:

Address:

Telephone: Fax: