

HOUSING AUTHORITY OF THE CITY OF LANETT, ALABAMA

“TERMINATION OF EMPLOYMENT”



TENANT/APPLICANT'S NAME: _____

ADDRESS: _____

SOC. SEC NO: _____

DATE: _____

Dear Employer:

The Lanett Housing Authority is required to verify through the employer the termination of employment for all Tenants in our Low-rent housing program. We ask your cooperation in supplying this information. This form should only be filled out by the Employer or an Authorized Representative.

Date Employed: _____

Date Terminated or Last Day Worked _____

Will employee receive additional pay checks for unused Annual or Sick Leave? () Yes () No

Will employee receive additional pay checks for workman's Compensation? () Yes () No

REASON FOR TERMINATION:

() Employee Quit () Terminated for Cause () Lack of Work () Medical Leave

If terminated for lack of work, do you anticipate re-hiring this employee? () Yes () No

If Yes, When? _____

Signature of Employer or Authorized Representative: _____

Date: _____