



NOTICE OF DISCONTINUED EMPLOYMENT

Purpose: This form notifies Consumer Direct Care Network Tennessee (CDTN) when a Worker has stopped working for you.

Instructions: Complete all sections below. This form can be completed by the Employer of Record (EOR) or both the EOR and Worker. Document the reason(s) that employment ended. The form must be signed and dated. **Please allow up to 5 business days for CDTN to process this form.**

Member Name	Member ID
Worker Name	Worker ID
EOR Name	
Select one option below and provide an explanation:	
<input type="checkbox"/> Termination/Discontinuation of Service. Please describe the reason for this action:	
<input type="checkbox"/> Furlough/Reduction of Hours. Please describe the reason for this action:	
Last Date Worker Worked: _____	

EOR Signature: _____ **Date:** _____

Worker Signature (Not Required): _____ **Date:** _____

EOR must sign and date above. Please submit by email, fax or US Mail as shown below:

Email: InfoCDTN@ConsumerDirectCare.com

Fax: 1-800-234-1996

Mail:

Consumer Direct Care Network Tennessee
2 Vantage Way, Suite 250
Nashville, TN 37216

