



## 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.**

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

**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](mailto:InfoCDTN@ConsumerDirectCare.com)

**Fax:** 1-800-234-1996

**Mail:**

Consumer Direct Care Network Tennessee  
44 Vantage Way, Suite 300 B  
Nashville, TN 37228

