



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

NOTIFICATION OF EMPLOYMENT TERMINATION

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|---|----------------------|
| CSE AGENCY CASE IDENTIFIER (ATLAS NUMBER) | ORDER IDENTIFIER |
| EMPLOYEE'S NAME (<i>Last, First, M.I.</i>) | SOC. SEC. NO. |
| EMPLOYER'S NAME | FEIN |
| DATE OF TERMINATION | |
| DATE OF FINAL PAYMENT TO THE STATE DISBURSEMENT UNIT | FINAL PAYMENT AMOUNT |
| EMPLOYEE'S LAST KNOWN ADDRESS (<i>No., Street, City, County, State, Zip.</i>) | \$ |
| EMPLOYEE'S LAST KNOWN PHONE NO. | |
| NEW EMPLOYER'S NAME | |
| NEW EMPLOYER'S ADDRESS | |

If you have any questions, contact DCSE Customer Service: Phone (602) 252-4045, toll free at 1 (800) 882-4151, or visit our website at www.azdes.gov/dcse.

Print and send Termination Notice to:

Division of Child Support Enforcement, S/C 020-A
PO Box 40458
Phoenix, AZ 85067

or Fax to:
(480) 926-5193

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente.