



Notice of Participant Change Status

This notice is intended to inform Child Development Services of a change in Participant status in the Child Care Executive Partnership Program. All of the information below must be completed and signed before changes are official.

Please circle one of the following reasons for change in Participant status:

TERMINATION

RESIGNATION

END BENEFIT

The following employee is no longer employed by _____
Center name

effective this _____ day of _____ 200_____

Employee Name: _____

Number of children associated with employee, if known by employer: _____

Name(s) of child (ren), if known by Center: _____

EMPLOYER INFORMATION

Center Name

Center Address

Center Authorized Signature: _____

Printed Name: _____

Phone Number: _____

Today's Date: _____

FAX/EMAIL to: _____