



DEPARTMENT OF ECONOMIC SECURITY  
*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Vacant  
Director

### NOTIFICATION OF EMPLOYMENT TERMINATION

CSE AGENCY CASE IDENTIFIER (ATLAS Number) \_\_\_\_\_

ORDER IDENTIFIER \_\_\_\_\_

EMPLOYEE'S NAME (Last, First, M.I.) \_\_\_\_\_ SOCIAL SECURITY 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 (No., Street) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ LAST KNOWN PHONE NO. \_\_\_\_\_

NEW EMPLOYER'S NAME \_\_\_\_\_

NEW EMPLOYER'S ADDRESS \_\_\_\_\_

If you have any questions, contact DCSS Customer Service: Phone: (602) 252-4045, toll free at 1(800) 882-4151, or visit our website at <https://des.az.gov/services/child-and-family/arizona-child-support-services>

**Print and send Termination Notice to:**

Division of Child Support Services  
P.O. Box 40458 / Mail Drop 7413  
Phoenix, AZ 85067

**Or Fax to:** (480) 926-5193

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1