

PROPASS

EXIT FORM

▼ **Employee (PROPASS Participant) to complete**

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

EMPLOYEE NUMBER

Date ProPASS exit requested:

MM/DD/YY

SIGNATURE OF PROPASS PARTICIPANT

DATE

PLEASE PRINT NAME

▼ **Administrator (Employer) to complete**

COMPANY NAME

Payroll deduction terminated as of:

MM/DD/YY

SIGNATURE OF COMPANY PAYROLL OFFICER (PROPASS ADMINISTRATOR)

DATE

PLEASE PRINT NAME

