



# Private Driver Training School Professional Staff Termination of Employment Form

---

**Please type or print in blue or black ink. Submit the completed form to the following address:**

Pennsylvania Department of Education  
Private Driver Training Schools  
607 South Drive, 5th Floor  
Harrisburg, PA 17120

## **Private Driver Training School Information**

You *must* complete all blanks. Address of school should be the mailing address.

Name of School:

Name of Owner/Driving School Director:

Reporting Code:

Mailing Address of School:

County:

Phone Number:

Email Address:

School Website (if applicable):

## Terminated Employee Information:

You *must* complete all blanks.

Name of Terminated Employee:

Driver's ID # of Terminated Employee:

Home Address of Terminated Employee:

Starting Date of Employment for Terminated Employee:

Date of Termination: \_\_\_\_\_

Please check one of the following statements:

- Instructor's License Card is attached
- Instructor did not return the License Card OR
- Other: \_\_\_\_\_

---

Signature of Owner, Driving School Director or Chief Executive Officer