

## Arkansas Department of Finance and Administration AMERICAN RESCUE PLAN ACT CORONAVIRUS STATE FISCAL RECOVERY FUNDS **EMPLOYEE SEPARATION ROSTER**

Subrecipient Name\_\_\_\_\_

Employee Name	Employee Address	Employee Social Security Number	Employee Date of Hire	Employee Number	Date of Separation	Funding Received	Funding to Return

## Important - Read before signing.

By signing this form, you certify under penalty of perjury, based on information and belief formed after reasonable inquiry, the statements and information contained in this form and the attached documents are true, accurate, and complete.

Authorized Representative Signature\_\_\_\_\_

Authorized Representative:(please print) \_\_\_\_\_

Title:

Date signed: \_\_\_\_\_

Mail Form and payment to: Arkansas Department of Finance and Administration

Attn: Office of Accounting – ARPA 2<sup>nd</sup> Floor P. O. Box 3278 Little Rock, AR 72203-3278

Email Form to: COVID19TESTING@DFA.ARKANSAS.GOV