

I.U.O.E. LOCAL No. 9
EMPLOYEE TERMINATION NOTICE

COMPANY NAME: _____

COMPANY ADDRESS: _____

JOBSITE: _____

COMPANY TELEPHONE: (_____) _____ - _____

DATE: _____ / _____ / 20 _____

EMPLOYEE NAME: _____

EMPLOYEE SSN#: _____ - _____ - _____

The person named above is no longer employed for the following reasons: (please check all that apply)

Laid Off due to lack of work Quit Terminated

Other reason _____

Additional comments: _____

LAST DAY EMPLOYEE WORKED: _____ / _____ / 20 _____

ELIGIBLE FOR REHIRE: YES NO

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

STEWARD SIGNATURE: _____

cc: IUOE NO. 9 ATTN: DISPATCH / FAX # (303) 623-8179 or MAIL TO: IUOE NO. 9 @ 990 KALAMATH ST / P.O. BOX 40008; DENVER, CO 80204 E-Mail: jdistel@iuoelocal9.com or lortiz@iuoelocal9.com

Jd/opeiu#30/afl-cio