

# NOTICE OF TERMINATION OF EMPLOYMENT

Station \_\_\_\_\_ 19\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Date entering service \_\_\_\_\_ Date leaving service \_\_\_\_\_

Check REASON

{	Resigned		
	Force Reduction—Does employe retain seniority?	_____	Yes or No
	Discharged		
	Leave of absence—Date expires	_____	
	Illness or Injury		

\_\_\_\_\_  
Employing Officer or Foreman

**NOTE:** To be filled out and sent to Head of Department immediately after employe leaves service.

Insurance certificates held by employe discharged or resigned shall be secured and forwarded with this form.

If employe is on leave of absence, or is suspended account reduction of force, advice shall be given below as to whether or not insurance and N. S. B. A. dues will be paid and how payments will be made.

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