

I.B.E.W. Local 46
EMPLOYEE TERMINATION NOTICE

DATE WRITTEN _____

Termination Date _____

NAME _____ SSN: _____
(LAST) (FIRST) (MIDDLE)

FIRM NAME _____

JOB CLASSIFICATION _____

REASON FOR TERMINATION:

Member Signature _____

- Laid Off Voluntary Termination Discharge Not eligible for rehire for 1 year

REASON FOR ABOVE ACTION: _____

ORIGINAL: EMPLOYEE'S COPY
2ND COPY: TO LOCAL UNION #46 I.B.E.W.
19802 62ND AVE. SOUTH #105, KENT, WA 98032
3RD COPY: PUGET SOUND CHAPTER, NECA
16001 AURORA AVE. N., SUITE 200, SEATTLE, WA 98133
(OR TO APPROPRIATE EMPLOYER ASSN)

4TH COPY EMPLOYER'S FILE

SIGNATURE OF COMPANY OFFICIAL