

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.
19602 62ND AVE. SOUTH, KENT, WA 98032
3RD COPY: PUGET SOUND CHAPTER, NECA
10700 MERIDIAN AVE. N., SUITE 401, SEATTLE, WA 98133
(OR TO APPROPRIATE EMPLOYER ASSN)

4TH COPY EMPLOYER'S FILE



SIGNATURE OF COMPANY OFFICIAL _____