

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

DATE WRITTEN _____

Termination Date _____

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

FIRM NAME _____

JOB CLASSIFICATION _____

FAX TO:
253-395-6539

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, KENT, WA 98032
- 3RD COPY: PUGET SOUND CHAPTER, NECA
1200 WESTLAKE AVE. N., SUITE 901, SEATTLE, WA 98109
(OR TO APPROPRIATE EMPLOYER ASSN.)

4TH COPY: EMPLOYER'S FILE

SIGNATURE OF COMPANY OFFICIAL

