



# TERMINATION FORM

PLEASE PRINT

Contractor \_\_\_\_\_  
Name \_\_\_\_\_  
Local Union No. \_\_\_\_\_  
Termination Date \_\_\_\_\_  
Classification \_\_\_\_\_  
Job Name \_\_\_\_\_  
Foreman \_\_\_\_\_  
Steward \_\_\_\_\_

## REASON FOR TERMINATION

### LAYOFF

- Reduction in Force
- Job Completion
- Shut Down
- Other - Explain

### DISCHARGE

- Misconduct on Job
- Absentee
- Lack of Productivity
- Safety OSHA Violation
- Tardiness  Early Quit
- Other - Explain

### VOLUNTARY QUIT

- Dissatisfied - Explain
- Leaving Town
- Sickness
- Other - Explain

Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Foreman or Steward Signature

EMPLOYEE COPY - WHITE

EMPLOYER COPY - PINK

UNION COPY - YELLOW

