

IBEW LOCAL 1393
3645 S. EAST STREET -- INDIANAPOLIS, IN 46227-1238
PHONE (317) 791-1362 -- FAX (317) 791-3735



TERMINATION REPORT

EMPLOYEE NAME _____

CHECK REASON FOR TERMINATION:

LAYOFF:

Red of work force

DISCHARGE:

- Absenteeism (Dates)
- Refuses to work as directed
- Not qualified
- Disregard of safety instructions

VOLUNTARY QUIT:

Employee decision

OTHER REASONS OR EXPLANATION OF ABOVE _____

EMPLOYER _____ DATE TERMINATED _____

SUPERVISOR _____

INSTRUCTIONS TO EMPLOYER

1. Fill out pink copy and retain for employer records.
2. Give white copy to the terminated employee.

EMPLOYER COPY