

Western Line Constructors Inc. Chapter-NECA

**TERMINATION FORM**

Name: \_\_\_\_\_ SS# Last 4 Digits: \_\_\_\_\_

Classification: \_\_\_\_\_ Job Address: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ LU#: \_\_\_\_\_

Reason for Termination: *(Check one box only)*

**Layoff**

- Reduction in force
- Job Completed

**Discharge**

- Absenteeism (give dates)
- Not qualified (explain)
- Refuses to work as directed
- Fighting (explain)
- Disregard of safety instructions
- Violation of company policy
- Other (explain)

**Voluntary Quit**

- To take another job
- Sickness
- Non-occupational injury
- Leaving town
- Personal reasons
- Other (explain)

Description: \_\_\_\_\_

Firm Name: \_\_\_\_\_ By: \_\_\_\_\_ Title: \_\_\_\_\_

White- Employer   Yellow-Union   Pink- Employee