

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 on box only)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Layoff | <input type="checkbox"/> Discharge | <input type="checkbox"/> Voluntary Quit |
| <input type="checkbox"/> Reduction in force | <input type="checkbox"/> Absenteeism (five dates) | <input type="checkbox"/> To take another job |
| <input type="checkbox"/> Job completed | <input type="checkbox"/> Not qualified (explain) | <input type="checkbox"/> Sickness |
| | <input type="checkbox"/> Refuses to work as directed | <input type="checkbox"/> Non-occupational injury |
| | <input type="checkbox"/> Fighting (explain) | <input type="checkbox"/> Leaving town |
| | <input type="checkbox"/> Disregard of safety instructions | <input type="checkbox"/> Personal reasons |
| | <input type="checkbox"/> Violation of company policy | <input type="checkbox"/> Other (explain) |
| | <input type="checkbox"/> Other (explain) | |

Description: _____

Firm Name: _____ By: _____ Title: _____

Print 3 copies, one to Employer, Union & Employee