

I.B.E.W LOCAL UNION 191  
**EMPLOYEE TERMINATION NOTICE**

Termination Date: \_\_\_\_\_

Last Date Worked: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

**Reason for Termination:**

**(Must check at least one box)**

☐ Reduction in Force

☐ Voluntary Termination

☐ 21-Day Short Call Complete

☐ Fails to Meet Job/Safety Requirements

☐ For-Cause

Reason \_\_\_\_\_

**Eligibility:**

**(must check one box)**

☐ Eligible for Rehire

☐ Not Eligible for Rehire

☐ Apprentice

Period of ineligibility (not to exceed one year) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
SIGNATURE OF COMPANY OFFICIAL

**PLEASE DISTRIBUTE AS FOLLOWS:**

**WHITE: EMPLOYEE**

**PINK: EMPLOYER**

**GOLD: EMPLOYER ASSOCIATION**

**YELLOW: UNION**

**EMAILED TO: DISPATCH@IBEW191.COM,**

**FORMS@NECACASCADE.ORG, AND FORMS@NWEJATC.ORG**

**NOTE: TERMINATIONS MUST ALSO BE SUBMITTED  
THROUGH NECA-STAR**