

I.B.E.W LOCAL UNION 191

# EMPLOYEE TERMINATION NOTICE

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

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

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

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

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

**Reason for Termination:**  Reduction in Force  Voluntary Termination  
**(Must check at least one box)**  21-Day Short Call Complete  Fails to Meet Job/Safety Requirements

**Eligibility:**  Eligible for Rehire  Not Eligible for Rehire  Apprentice  
**(must check one box)** 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**