Termination Report

Employee Name:_____ **Employer:**_____

Social Sec.# (last 4):_XXX-XX-_____ **Employer Address:**_____

Employee Address: _____ _____

_____ _____

Claimant is unemployed for the following reason:

_____Left on own accord **_____Discharged** **_____Lack of Work**

_____To accept other work **_____Misconduct** **_____Permanent**

_____Illness **_____Not qualified** **_____Temporary**

_____To leave area **_____Other** **_____Not eligible for rehire**

_____Industrial Controversy….explain in remarks below:

Remarks:_____

_____

_____

_____

Date:_____ Report filled out by:_____

Title: _____

One (1) copy mailed, emailed, or faxed to each of the following:

- IBEW Local 910 – 25001 Water Street, Watertown, NY 13601 – tf@ibew910.org – Fax: 315-788-5701

- Northern NY Chapter NECA – 1105 Vine Street, Liverpool, NY 13088 – nick@nnyneca.com – Fax:315-451-1327

- One copy to the employee

- One copy to the employer