

**NOTICE OF TERMINATION TO IBEW LOCAL 48**

\_\_\_\_\_ working as \_\_\_\_\_  
(Name of Employee) (Classification)

\_\_\_\_\_ Quit \_\_\_\_\_ Reduction in Force

\_\_\_\_\_ Discharged for Cause (state reason(s)): \_\_\_\_\_

\_\_\_\_\_ Other (reason): \_\_\_\_\_

Last day of work: \_\_\_\_\_

Eligible for Rehire? \_\_\_ Yes \_\_\_ No. If no, state reason: \_\_\_\_\_

**TYPE OF AGREEMENT**

\_\_\_\_\_ Inside \_\_\_\_\_ Residential \_\_\_\_\_ Sound & Comm.

\_\_\_\_\_ Other (specify): \_\_\_\_\_

**CONTINUED EDUCATION**

Could this employee benefit from additional training? \_\_\_\_\_ Yes \_\_\_\_\_ No

What area(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Contractor: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**COPY**  
**(EMPLOYER, EMPLOYEE, NECA, IBEW LOCAL 48)**