

LAST NAME: _____ FIRST: _____ MI: _____

SSN: _____ JOB TITLE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

TYPE OF TERMINATION (CHECK ONE)

TERMINATION TRANSFER – EFFECTIVE DATE: _____

MAIL PAY? YES NO, I WILL PICK – UP AT OFFICE

TYPE OF SEPERATION (CHECK ONE)

RESIGNATION (ATTACH LETTER) DISMISSAL MUTUAL AGREEMENT

OTHER: _____

REASON FOR SEPERATION (CHECK ONE)

ABSENTEEISM / TARDINESS CONTRACTORS BADGE (ISSUED BADGES)

HEALTH FAMILY OTHER: _____

SAFETY EQUIPMENT (CHECK ALL THAT APPLY)

SAFETY HARNESS W/LANYARD CONTRACTORS BADGE (ISSUED BADGES) FRCs

RADIO W/CHARGER AIR MONITORS LOCK(S) W/KEYS VEHICLE STICKERS

OTHER: _____

****EMPLOYEE WILL NOT RECEIVE A PAYCHECK UNTIL THE ABOVE ITEMS ARE TURNED IN. IF THE EMPLOYEE LOSES ONE OF THE ABOVE ITEMS IT SHALL BE DEDUCTED FROM HIS/HER LAST PAYCHECK.**

SAFETY AWARD YES NO IF YES, WHAT TYPE? _____

INSURANCE

IF YOU HAVE HEALTH INSURANCE THROUGH **HOUSTON CONTROLS**, DO YOU WANT TO CONTINUE YOUR COVERAGE: YES NO

ADDITIONAL COMMENTS: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR'S NAME: _____ BADGE NO: _____

DISTRUBUTION: ORIGINAL – Dagmar Reily / EMPLOYEE FILE
CC: Jamie Johnston