

UA Local #219/MCA of Akron, OH Inc.

Notice of Termination

****1 copy employee, 1 copy #219, 1 copy for your records****

Employee Name:

SS# (last 4 only) XXX-XX-

Job Location:

Date Hired:

Classification:

Date Terminated:

Reason for Separation:

Reduction in Force

Insubordination

Eligible for Rehire

Job Completed

Absenteeism/Tardiness

Employee Quit

Job Shut Down

Not Qualified

Not for Rehire

Other Explanation

Unsafe (must explain below)

Explanation

Company Name:

ODJFS Employer #:

Date:

Signature:

Printed Name: