NAMEFIRST	MIDDLE	LAST
CLASSIFICATION	EMPLOYEE #ELIG	BLE FOR REHIRE YES NO
DATE OF HIRE	DATE OF TERMINATION	
COMPANY NAME	SUPERVISOR	
JOB ADDRESS		
RETURN OF TOOLS YES	NO ITEMS MISSING	STATE ZIP CODE
LAYOFF REDUCTION OF FORCE JOB COMPLETED SHUT DOWN OTHER-EXPLAIN	REASON FOR TERMINATIO DISCHARGE MISCONDUCT ABSENTEE INTOXICATION OR DRUGS SAFETY VIOLATION	N VOLUNTARY QUIT DISSATISFIED LEAVING TOWN SICKNESS OTHER-EXPLAIN
DATE FINAL CH	ECK PICK UP MAILE	D HOME MAILED TO HALL
	PICK UP MAILE	SFE)
		SFE) LAST
NAMEFIRST	NOTICE OF TERMINATION	LAST
NAMEFIRST CLASSIFICATION	NOTICE OF TERMINATION MIDDLE	LAST BIBLE FOR REHIRE YES NO
NAME	NOTICE OF TERMINATION MIDDLE EMPLOYEE #ELIG	LAST EIBLE FOR REHIRE YES NO
CLASSIFICATION DATE OF HIRE COMPANY NAME	NOTICE OF TERMINATION MIDDLE EMPLOYEE # ELIG DATE OF TERMINA	LAST EIBLE FOR REHIRE YES NO