

NOTICE OF TERMINATION OF EMPLOYMENT

Effective _____ a.m., p.m., on _____, your employ-
ment will be terminated from Position _____ for the following
reasons: _____

Ident. No _____
Date _____
Sex _____ Race _____
Certified Noncertified
Occupation _____

(May be continued on reverse)

538
For internal use

(Signature of person issuing order) Title Citizen
Receipt acknowledged by _____
(Foreman or supervisor of project)

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State

Name
Address
City
State

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Address
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Name
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