

TERMINATION NOTICE

To: IBEW Local 890
1900 Reuther Way
Janesville, WI 53546

Fringe Benefit Inquiries:
WEEBF
2802 Coho Street, Suite 201
Madison, WI 53713

Employee Name:

Termination Date:

Reason for Termination (check all that apply):

Reduction of workforce

Reporting late regularly

Dishonesty

Absenteeism

Insubordination

Intoxication

Inefficiency

Short Call

Quit

Will Not Rehire

Contractor Name:

Authorized Representative Signature:

Date Signed: