U.A. LOCAL 26
FORM 3: Notice of Termination

NAME OF EMPLOYER: _____ EMPLOYEE'S NAME: _____

EMPLOYER ADDRESS: _____ LAST 4 SSN: _____

PROJECT NAME: _____ TERMINATION DATE: _____

PROJECT LOCATION: _____

REASON (check all that apply):

☐ **TERMINATED FOR CAUSE**

- ○ Unsatisfactory work performance
- ○ Engaging in horseplay or fighting
- ○ Failure to comply with employer policy/site requirements
- ○ Failure to comply with owner policy
- ○ Disregard of safety rules
- ○ Falsification of any employer records, reports, documentation or applications
- ○ Defacement of employer property, or another employee's property
- ○ Harassing, coercing or using abusive language toward supervisors or other employees
- ○ Possession of drugs or alcohol
- ○ Other: _____

☐ **VOLUNTARY QUIT**

☐ **REDUCTION IN FORCE**

- ○ Project Complete
- ○ Project Canceled
- ○ Other:

☐ **DISCHARGE DETAILS**

- ○ Eligible for rehire
- ○ Not eligible for rehire for 60 days
- ○ Not eligible for rehire for more than 60 days, ***with detailed explanation in attached memo***

FOREMAN / SUPERVISOR SIGNATURE: _____ DATE: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____