

EMPLOYEE INFORMATION

Name:_____ SSN:_____

Job Description: Driller Derricks Motors Floorhand

First Day Worked:_____ Last Day Worked:_____

PENDING TERMINATION NOTICE

Your position is highly specialized. Your action(s)_____ has put yourself and/or others in harms way.

Circle one and follow with an explanation

Number of reprimands: 1 2 3 4 5

Date:_____

Employers
comment(s):_____

Employee Signature:_____

TERMINATION NOTICE

Termination Date:_____

Circle one and follow with a complete explanation:

Quit Fired Laid Off Bumped Injured

Terminated by:_____

Driller/Toolpusher signature:_____

Received in office date:_____ Filed in personnel file:_____

Instruction: Immediately upon completion of this form, please record completely the information requested and forward to the office. This form may also be used as a written Time Order and brought to the office by the employee in order to receive their final check. Also, please make sure that an explanation is provided on the reason for employment separation. This is necessary since the employee can file for unemployment, and we will have it documented on file as to why he was terminated.