



Termination Slip

Employee Name: _____

Title/Classification: _____

Termination Date: _____

Internal Use:
Union Local # _____
Hourly Rate _____

To be completed by the employee:

Were you injured during your employment at Mass Excavation, Inc.?

- Yes No

Employee Signature

To be completed by the supervisor:

REASON FOR TERMINATION

- Reduction in Force**
- Quit**
- Cause** (If discharged for cause, select at least one of the following)
 - Incompetence
 - Dishonesty
 - Unexcused Absenteeism
 - Disobedience of Orders / Insubordination
 - Unsatisfactory Performance of Duties
 - Violation of Mass Excavation, Inc. Drug and Alcohol Policy
 - Negligence with Equipment
 - Unsafe Work Practices
 - Violation of Owners' Rules Imposed Upon Mass Excavation, Inc. (Posted)
 - Other (describe): _____

ELIGIBLE FOR REHIRE? Yes No

(If no, the employee is ineligible for rehire for a period of 24 months)

Additional information relating to termination or eligibility for rehire (facts):

Please collect any of the following or write N/A:

MassX cell phone: _____ MassX gas card _____ MassX laptop _____

Supervisors-return any of the above items to the Office.

Base Pass: _____ Access Key _____

Supervisor Signature: _____ **Date:** _____