FORM 3

SEATTLE AREA EMPLOYER'S TERMINATION

Original and Yellow Shall be Given to Employee * This Form to be Completed in Full

	Date:
Employee's Name (print)	
Company Name (print)	
REASON FOR TERMINATION -	
Reduction in Force	Eligible for Rehire
Job Completed	For Cause
Voluntary Quit	Not Eligible for Rehire: For Company
	For This Job Only
Employee's Signature	
Terminated by: Immediate Supervisor	(Signature)
Terminated by: Immediate Supervisor	(Print Name)
Employer Signature (Optional)	