

Standard for Excellence

**Dismissal Report
Not Eligible for Rehire**

Company _____ Date _____

Name of Employee _____

Present Mailing Address _____

Telephone _____

Trade _____ Local Union _____

Date Effective _____

Reason for Dismissal:

Explain _____

Employee Comments:

Explain _____

Union Informed: Verbal _____ Name _____ Date _____ Time _____

Employer Contact for Background Information on Dismissal _____

Phone _____

Super or Foreman Signature _____ Phone _____

Employee Signature _____ Refused to sign

Original to Employer - Copy to Employee

FAX copies to:

Association [MCA Detroit @ (313) 341-1007 Fax]

TPA [Benesys, Inc. @ (248) 813-9898 Fax]

Local Union Hall [Pipefitters Local 636 @ (248) 538-7060 Fax] **OR**

[Plumbers Local 98 @ (248) 307-9898 Fax]

This form is to be used as part of the "Standards for Excellence" program.

Nothing contained herein shall be used to convert an employment at will relationship into a terminable for cause relationship.