

EMPLOYEE TERMINATION NOTIFICATION

To (Name of Employee): _____

Date of Notice: _____

Date of Violation: _____

Location of Violation: _____

Nature of Violation: _____

Previous Related Violation(s)/Date(s): _____

Disciplinary Action to be Imposed: _____

Effective Date of Termination: _____

Tremonton City Representative or Official

Date

I have been informed and understand that I may appeal this disciplinary action, within ten (10) days, to an Appeals Board. I have also been informed and understand that during the appeals process I may be represented by legal counsel.

Employee's Signature

Date

Notes:



REV 11-11.1

A20-2

