

## Separation Slip

Oregon and Southern Idaho District Council of Laborers

Please send completed forms to:

**Local 737 Fax Number:** 503-296-2510

**Email:** [dispatch@local737.org](mailto:dispatch@local737.org)

Project Name / Location: \_\_\_\_\_

Employer: \_\_\_\_\_

Members Name: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_

Reason for Separation:

- Failure to Report
- Quit
- Safety / Policy
- Unsatisfactory Worker

- Not Eligible for Rehire

Additional Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor:** Its is important that we know why a laborer is being returned to the hall. By completing this form, you help us provide you with the best laborers available.