



Separation Slip

Laborers' Local 348
Phone: 509-420-4581
Fax: 509-420-4585

Project Name/Location: _____
Employer: _____
Employee's Name: _____
Last Day Worked: _____

Reason for Separation:

(check all that apply)

Not Eligible for Rehire

6 months 12 months

other _____

- Lack of Work
- Voluntary Quit
- Failure to Report
- Termination (please explain)
- Unsatisfactory Worker
- Unable to Perform Work
- Failed/Refused Drug and/or Alcohol Screen

Comments: _____

Supervisor Signature _____ Date _____

Supervisor Name _____

Contractor: Please return to the office as soon as possible. It 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.