

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date _____

Name _____ S.S# _____ Classification _____

Card # _____ LU# _____ Rate of Pay _____ Annuity Rate _____

Referral Information

Employer: _____ **Location:** _____ **Foreman:** _____

Report Date: _____ **Report Time:** _____ **Report To(Job/Shop/Location)** _____

Special Conditions: _____ **Accepted by:** _____

Termination Conditions

Hire Date _____ Rejected by: _____ Title: _____

Termination Date _____ Type of Termination: _____ Reduction in Workforce- Layoff

_____ For Cause (explain) _____

_____ Employee Quit

_____ Other _____ explain

Eligible for rehire _____

Employer Representative _____

Employers retain three copies upon referral

Employers send on (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

