## Alabama Fire College and Personnel Standards

The following form must be filled out and forwarded to the Alabama Fire College and Personnel Standards Commission within TEN DAYS after termination.

## **Notice of Termination**

▲ Name of Employee:	Last	First	Middle	
▲ Social Security Number				
▲ Department				
▲ Date of Employment			▲ Date of Termination	
▲ Type of Termination (S	tate if Deceased, Ref	ired, Resigned or Involuntary)		
▲ Comments				
Is the employee continuing	g in the fire service?	Yes No	Unknown	
▲ If Yes, please give name	of Department			
▲ Date		▲ Signed (Fire (	Chief or Authorized Agent)	
	2501 Ph	noenix Drive • Tuscaloosa, Alaba	ıma 35405	

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