



EMPLOYEE SEPARATION/OR STUDENT DROP FORM

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____ FAX NUMBER:(_____) _____

EMPLOYEE/STUDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR SEPARATION:

- TERMINATED
- TEMPORARY SITUATION **
- NOT ATTENDING CLASS
- NOT INTERESTED IN CONTINUING EDUCATION
- QUIT
- OTHER _____

HAVE YOU, THE EMPLOYER, REFERRED THE APPRENTICE TO MCEF ____ YES ____ NO

IS THE APPRENTICE ELIGIBLE FOR REHIRE ____ YES ____ NO

DATE OF SEPARATION: __/__/__ **DATE RETURNED TO WORK : __/__/__

DID STUDENT RECEIVE BOOK:

- YES
- NO

DOES STUDENT WISH TO CONTINUE WITH PROGRAM: (CHECK ONE) _____ YES ____ NO

SIGNATURE: _____

(OF PERSON PROVIDING THE ABOVE INFORMATION)

PLEASE MAKE AS MANY COPIES OF THIS FORM AS NEEDED AND KEEP THE ORIGINAL FOR FUTURE NEEDS. PLEASE EMAIL, FAX, OR MAIL TO MISSISSIPPI CONSTRUCTION EDUCATION FOUNDATION, 5165 OLD BRANDON ROAD, PEARL, MS 39208.