

EMPLOYEE TERMINATION REPORT

Submit by fax to Administrative Services Group (ASGI)
859-226-1726

Check one:

attn: Mindy if a KY Construction Industry Trust group

attn: Hillary if a Communications/Retail Trust or Wholesale Trades group

Group Name: _____

Account #: _____ Phone #: _____

Group Contact Signature: _____ Date: _____

TERMINATING EMPLOYEES ONLY

Employee's Last Name

First Name

SS Number

Termination Date

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____