

SEPARATION FORM

Region 22 District 21 Sender's Initials DJC

Location CAE Employee ID # 0558688

Social Security # [REDACTED] Employee Name Debbie Simpson

Effective Date 09 / 26 / 02 (First calendar day of unemployed status)

Action TERMINATION Action Reason INS - Insubordination

Rehire Status Yes No

Separation Reason Description:

Failing to work as directed and causing the aircraft to be delayed intentionally

Separation Checklist

Received By

- Identification card _____
- Uniform articles and locker key _____
- Accounts and credit cards (phone, AMEX, etc.) _____
- Equipment (technical, locks, etc.) _____
- Other items (securID token) _____

I understand that my employment was terminated as of the effective date shown above.

Employee Signature _____ Date / /

Manager Signature _____ Date / /

SEND THIS FORM TO THE DISTRICT HUMAN RESOURCES DEPARTMENT
Revised May 22, 2002

UPS - 00229