

WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND

CERTIFICATION OF COMPLETE SEVERANCE AND TERMINATION OF EMPLOYMENT

Participant Name:

SSN:

Statement Below to be Completed by Employer

Please answer in full the questions listed below:

1. What was / will be the employee's **last day of work**? _____
2. Has this employee completely severed and terminated his employment relationship with your company and all businesses affiliated with your company?
 Yes, Please indicate the employee's **date of termination**? _____
(If answered *yes*, do not complete question #3.)
 No, if answered *no*, please complete question #3.
3. Has the employee given you notice of his intent to permanently terminate his employment relationship with your company and all businesses affiliated with your company on a specific date in the future?
 Yes, What date of termination did the employee specify? _____
(Please attach a copy of the employee's Notice of Intent to Terminate, if available.)
 No, Has the employee provided you with an approximate date of termination and if so what is the date? _____
4. If the employee's last day of work is different from his termination date, is it because of accrued vacation or unused sick leave? **Yes** **No**
If *no*, please explain:

5. Please use the following space for additional comments:

EMPLOYER CERTIFICATION

I certify that the above information is correct to the best of my knowledge.

Authorized Personnel (Please Print Name)

Title

Signature of Authorized Personnel

Date

Employer Name

Phone Number