



PRIVATE SECURITY REGULATION AUTHORITY

Name of Security Company:

Re: STAFF MONTHLY TERMINATION

No.	Employee Name	Date Terminated	Reasons for Leaving	PSRA Reg # or TRN
1				
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- REMARKS (01) (02) (03) (04) (05) (06) (07) (08) (09)**
- KEY TO CODE:**
- 01 - Dishonesty
 - 02 - Insubordination
 - 03 - Habitual Sleeper
 - 04 - Habitual Late Comer
 - 05 - Bad Tempered
 - 06 - Misuse Of Firearm
 - 07 - Unreliability
 - 08 - Absent Without Leave
 - 09 - Other _____

.....
Security Company's General Manager

.....
Date

FOR OFFICIAL USE ONLY

Number of Registration Cards/Licences received _____

PSRA Officer Signature: _____ Date: _____