

PRIVATE SECURITY REGULATION AUTHORITY

Name of Company:	

Re: STAFF MONTHLY TERMINATION

No.	Employee Name	Registration #	Date Terminated	Reasons for Leaving	TRN#	Would You Rehire? Y/N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

	REMARKS (01) (02) (03) (04) (05) (06) (07) (08) (09)					
KEY TO CODE:	01 - DISHONESTY 05 - ILL TEMPERED					
	02 - INSUBORDINATION 06 - MISUSE OF FIREARM					
	03 - HABITUAL SLEEPER 07 - UNRELIABILITY					
	04 - HABITUAL LATE COMER 08 - ABSENT WITHOUT LEAVE					
	09 - OTHER					
WOULD YOU RE	COMMEND SUBJECT TO ANOTHER SECURITY COMPANY (YES) (NO)					
	(Date)					
(General Manager's Signature)						

Print Name