

NEW HAMPSHIRE FIRE STANDARDS AND TRAINING COMMISSION

EMPLOYEE STATUS CHANGE NOTIFICATION

FORM B

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| Last 4 digits of Soc. Sec. #: | First name / Middle name / Last name | Date of birth: (mm/dd/yyyy) |
| Employee phone #: _____ Employee email address: _____ | | |
| Fire Department name: | | Fire Department address: |
| Employee Status Change Effective Date: | | |
| Chief's Name | Chief's Phone #: | Chief's Email Address: |
| Check ONE of the following: Discharge: <input style="width: 50px; height: 30px;" type="checkbox"/> Retirement: <input style="width: 50px; height: 30px;" type="checkbox"/> Resignation: <input style="width: 50px; height: 30px;" type="checkbox"/> Death: <input style="width: 50px; height: 30px;" type="checkbox"/> | | |
| Name of Hiring Authority: _____ | | |
| Signature of Hiring Authority: _____ | | |
| Title: _____ | | Date: _____ |

This form is required, per Administrative Rules, Chapter 600; Part Fire 601.02:

Notification Requirements of all Appointed Full-Time Career Fire Personnel, Fire Department Notification of Termination

DIRECTIONS:

This form must be submitted to the Fire Standards and Training Commission within 15 days of the effective date.

MAILING ADDRESS: **NH Fire Standards and Training Commission**
 33 Hazen Drive, Concord, NH 03305

FAX NUMBER: 603-271-1091