EMPLOYEE STATUS NOTIFICATION FORM B

(Submit to Commission within **15 days** of Effective Date)

(Please print or type)

1. Social Security No#	**2. Last Name/First Name/Middle Name**	**3. Date of Birth**
4. Fire Department Name	**5. Fire Department Address**	**6. Effective Date**

7. Check One of the Following:

- ► **Discharge**
- ► **Resignation**
- ► **Death**
- ► **Retirement**
- ► **Promotion to Position of** _____ **(Rank)**

8. Signature of Hiring Authority (No Stamp):

_____

Title: _____ **Date:** _____

Mail to: **New Hampshire Fire Standards & Training Commission**
33 Hazen Drive
Concord, New Hampshire 03305

dmb
updated 1/4/01