

## NEW HAMPSHIRE FIRE STANDARDS AND TRAINING COMMISSION EMPLOYEE STATUS CHANGE NOTIFICATION FORM B

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:
<b>Check ONE of the following:</b>		
Discharge: <input type="checkbox"/>	Retirement: <input type="checkbox"/>	Resignation: <input type="checkbox"/>
Name of Hiring Authority: _____		Death: <input type="checkbox"/>
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**