



Field Technician Separation Form

Local Association/IMT: _____

Technician Information:

Name: _____ Technician Number: _____

Address: _____
Street Number / P.O. Box City/State/Zip

Phone: () _____

Date of Separation: _____

Was this person an IMT or an employee of an IMT: _____

Reason: _____

Did the Field Technician leave in good standing?: Yes _____ No _____

Signature of Employer: _____ Date: _____