



DETROIT METROPOLITAN WAYNE COUNTY AIRPORT SEPARATION FORM

COMPANY NAME: _____

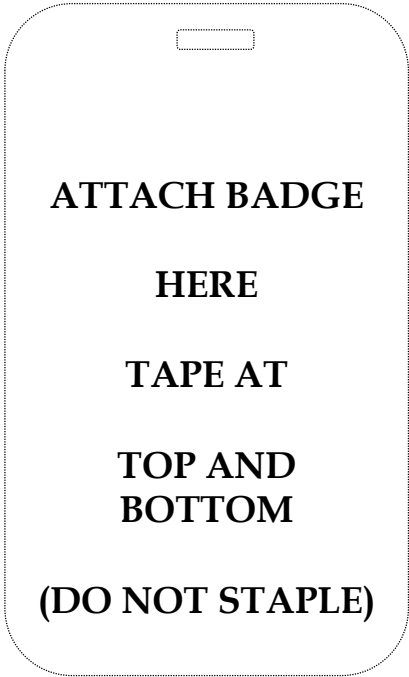
The employee identified below no longer works or no longer requires reoccurring access for our company at Detroit Metropolitan Wayne County Airport.

NAME: _____
LAST FIRST MIDDLE

BADGE NUMBER: _____ **DATE OF SEPARATION OR STATUS CHANGE:** _____

REASON: (check one)

- Resignation
- Termination for cause
- Transfer
- Change of status
- Retirement
- Construction completed
- Lay-off
- Separation for non-cause issue
(Attendance, failed training, etc.)
- Medical or leave of absence
(Anticipated return date): _____
- Other _____



RETRIEVAL OF ID BADGE: (check one)

- This individual's Airport Identification Badge is attached to this form, in accordance with Airport badging requirements and procedures.
- Upon separation, the individual did not turn in their Airport Identification Badge and immediate notification to Security was made.
- Upon separation, this individual had not been issued an Airport Identification Badge and immediate notification to Security was made to prevent issuance.

I UNDERSTAND THAT ALL BADGES ISSUED TO EMPLOYEES OF MY COMPANY MUST BE ACCOUNTED FOR. FAILURE TO NOTIFY THE AIRPORT ABOUT ANY ID BADGE THAT YOU CAN NO LONGER ACCOUNT FOR IS A VIOLATION OF THE AIRPORT SECURITY PROGRAM AND MAY RESULT IN ADMINISTRATIVE SANCTIONS AND/OR CIVIL PENALTIES. I UNDERSTAND THAT MY COMPANY WILL RECEIVE AN INVOICE FOR EVERY BADGE THAT HAS NOT BEEN RETURNED OR WAS NOT DEACTIVATED IN ACCORDANCE TO THE SECURITY REQUIREMENTS.

Submitted By: _____ Title: _____ Date: _____

AIRPORT USE ONLY			
Received by: _____	Date ID returned: _____		
Entered by: _____	Dual: Y / N	Scanned by: _____	