Protective Health Services

Oklahoma State Department of Health

Occupational Licensing Division
Fire Extinguisher Industry Program
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-5779
FAX: (405) 271-5286

HIRE & TERMINATION FORM

(Please type or print in ink): _____/_____/_____

Company: _____
Name Phone Number

Person Being Hired Or Terminated

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

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Last First Middle Initial Date of Hire or Termination

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

Name:_____ (H) (T) _____/_____/_____
Last First Middle Initial Date of Hire or Termination

_____/_____/_____ _____
Date Manger's Signature

THIS FORM MUST BE COMPLETED WITHIN 14 DAYS OF HIRE OR TERMINATION

RETURN TO: OKLAHOMA STATE DEPARTMENT OF HEALTH
OCCUPATIONAL LICENSING DIVISION
PO BOX 268817
OKLAHOMA CITY, OK 73126-8817
(405) 271-5779

Batch # _____ Date: _____/_____/_____ License # _____