

END OF WORK FORM

Employee name:	
Employee number:	

END OF WORK			
THIS SECTION IS FILLED OUT BY BCIB SITE REPRESENTATIVE			
Job information			
Mail Drop ID:	BCIB _____	Contractor Dept. Code:	850-000 _____
Site Name:		Contractor Name:	
Contractor Position #:		Job Title:	
Employee Position #:		Union Code:	
Job Code:			
End of work information			
Date end of work requested:		Last Day Worked:	
Effective date (day after last day of earnings):			
Action Code:	TER (Terminate/Not Active)	Reason Code:	
BCIB Comments			

CONTRACTOR EVALUATION	
THIS SECTION IS FILLED OUT BY THE CONTRACTOR	
Rehire recommendation	
<input type="checkbox"/>	Would recommend for rehire
<input type="checkbox"/>	Would not recommend for rehire (comment required)
<p><i>NOTE: Would not recommend for rehire - needs to include:</i></p> <ol style="list-style-type: none"> Technical skill related feedback relating to the position with an example(s). Soft skill related feedback relating to the position with an example(s). If progressive discipline was followed, please leave detailed comment with attached documentation of discipline. HR leadership will review and follow up once information is provided. 	
Contractor Comment:	

BCIB Onsite Rep:		Contractor Rep:	
Signature:		Signature:	
Date signed:		Date signed:	