

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



REGINALD I. LLOYD
Director

TERMINATION FORM

DATE: _____

NAME & ADDRESS OF COMPANY: _____

COMPANY NUMBER: _____

TELEPHONE NO: _____

The following individual(s) are no longer employed with this agency. Please terminate.

**** (DO NOT TERMINATE TEMPORARY EMPLOYEES)**

Name	Soc. Sec # *Required*	Birthdate	Date Terminated	Card Enclosed	
				YES	NO

NOTE: This form is to be used for notification of all terminations.
PLEASE DO NOT USE THIS FORM WHEN SUBMITTING EXPIRED REGISTRATION CARDS.

PD/PS-7Revised 03/11

