

## **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
ADGE NUMBER: DATE OF SEPARATION OR STATUS CHANGE:		
REASON: (check one)		
Transfer Chang Retirement Constr Lay-off Separa	nation for cause le of status fuction completed ation for non-cause issue dance, failed training, ncns, etc.)	
(Anticipated return date):		ATTACH BADGE
Contract Con		HERE
<ul> <li>This individual's Airport Identification this form, in accordance with Airport and procedures.</li> <li>Upon separation, the individual did religional Identification Badge and immediate was made.</li> </ul>	t badging requirements  not turn in their Airport	TAPE AT  TOP AND BOTTOM  (DO NOT STAPLE)
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 Airport 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 they 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 Scanne	ed by: