MISSISSIPPI GAMING COMMISSION
NOTICE OF EMPLOYEE TERMINATION FORM

MGC Date Stamp

Date _____ **Employer:** _____

INSTRUCTIONS: Please read the form completely and fill in ALL blank spaces.

BIOGRAPHICAL INFORMATION

Social Security Number _____

Work Permit Number _____ Expiration Date _____

Name _____
First Name Middle Name Last Name

Job Position Title _____

Termination Date _____

Last Day Actually Worked _____

TERMINATION STATUS ☐ FAVORABLE ☐ UNFAVORABLE

SPECIFIC CAUSE FOR TERMINATION

This form must be forwarded to the Mississippi Gaming Commission within 72 hours of termination.

Specific information is required for all unfavorable terminations of an employee. This information is requested in accordance with Mississippi Gaming Commission Regulation VI A, Section 2(a) and 2(b).

Mississippi Gaming Commission Use Only

Reviewing Agent _____ MGC # _____ Date _____

Data Input By Date

Permit Action

☐ Issue Permit

☐ Revoke Permit

MGC ENF Form 3.5.2
Revised: August 1, 2009

PREVIOUS EDITIONS SUPERSEDED