

Mississippi Gaming Commission

“Notice of Position/Employment Change” Finding of Suitability
File within 30 days of status change

Termination

Effective Date: _____

Resignation

Transfer

Promotion

New Hire

I.

First _____ Middle _____ Last _____

Position Title/Description _____

Work Permit # _____

If transfer, Casino transferred from _____

Date of Birth ____/____/____

Home Address _____

City/State _____ Zip Code _____

Contact Phone (include area code) _____ - _____

Compliance or Human Resource Agent Responsible for Notification

II.

Company/Casino _____

Contact Name _____

Contact Email _____

Contact Phone (area code) _____ - _____

Mail to: Mississippi Gaming Commission

Attn: Investigations

P.O. Box 23577

Jackson, MS 39225-3577

Street: 620 North Street, Suite 200

Jackson, MS 39202

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