



**NOTICE OF TERMINATION OF EMPLOYMENT  
AS A FIREFIGHTER  
BUREAU OF FIRE STANDARDS & TRAINING**

FIREFIGHTER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ <sup>1</sup>

MAILING ADDRESS: \_\_\_\_\_  
PO BOX OR STREET ADDRESS                      CITY                      STATE                      ZIP CODE

TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FIRE DEPARTMENT: \_\_\_\_\_

FIRE CHIEF: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_ DATE OF TERMINATION: \_\_\_\_\_

**REASON FOR TERMINATION:**

- RESIGNED                       RETIRED                       INVOLUNTARY  
 DISABILITY                       DECEASED

**COMMENTS (REQUIRED FOR INVOLUNTARY TERMINATION):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DID THIS INDIVIDUAL PARTICIPATE IN THE  
FIREFIGHTER SUPPLEMENTAL COMPENSATION PROGRAM?

- YES                       NO

IF YES, PLEASE SUBMIT THE REQUIRED  
**NOTICE OF INELIGIBILITY FORM DFS-K4-1055**

\_\_\_\_\_  
SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE

**NOTE:** THIS FORM IS TO BE COMPLETED AND MAILED WITHIN TEN (10) BUSINESS  
DAYS AFTER DATE OF TERMINATION TO:

BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

<sup>1</sup> Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.