



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

BADGE NUMBER: _____ **DATE OF SEPARATION OR STATUS CHANGE:** _____

REASON: (check one)

- _____ Resignation
- _____ Termination for Cause (Security/Safety Issue)
- _____ Transfer
- _____ Change of status
- _____ Retirement
- _____ Construction completed
- _____ Lay-off
- _____ Separation for non-cause issue (Attendance, failed training, NCNS, etc.)
- _____ Medical or leave of absence (Anticipated return date): _____
- _____ Other _____

ATTACH BADGE

HERE

TAPE AT

TOP AND
BOTTOM

(DO NOT STAPLE)

RETRIEVAL OF ID BADGE: (check one)

- _____ This individual's Airport Identification Badge is attached to this form, in accordance with Airport Security requirements and procedures.
- _____ Upon separation, the individual did not turn in their Airport Identification Badge and immediate notification to Security was made.
- _____ 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 can no longer be accounted for is a violation of the Airport Security Program and may result in administrative sanctions and/or civil penalties. I understand that 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: _____ Entered by: _____ Date ID returned: _____

Dual: Y / N Intellikey: Y / N Contingency: Y / N Authorized Signer: Y / N Scanned by: _____