|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Information | | | | |
| First Name |  | | | |
| Last Name |  | | | |
| Cell Phone |  | |  |  |
| Email |  | | | |
|  | | | | |
| Drop Form Local 910 AFGE | | | | |
| Join Date: |  | | | |
| Drop Reason: | Anniversary Date/ voluntary action | | | |
| **Circle ONE** | Supervisor Promotion | |  | Retired |
|  | Moved to another agency | | | |
|  |  | | | |
|  | |  | | |