

## NOTICE OF TERMINATION OF EMPLOYMENT

Licence Holder (Employer) \_\_\_\_\_ Licence Holder # \_\_\_\_\_

Land ☐ Air ☐ Stretcher ☐ Emergency Medical First Response ☐ Dispatch Centre ☐

Licence #	Surname	Given Name	Reason (left employ, laid off, suspended, etc.)

**Within 30 days after a technician ceases to be employed by a land emergency response system, air medical response system or stretcher transportation system, the system licence holder must notify the Emergency Medical Services Branch of the change in employment.**

\_\_\_\_\_  
Licence Holder (Employer) Authorized Signature

\_\_\_\_\_  
Date

### FOR MANITOBA HEALTH USE ONLY

Date Received: \_\_\_\_\_ Date Processed \_\_\_\_\_