



Health, Seniors and Active Living

Emergency Medical Services
Unit 7 – 1680 Ellice Avenue, Winnipeg, Manitoba R3H 0Z2
T 204 945-5300 F 204 948-2531
www.manitoba.ca

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.) |
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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 _____ |