



SANTA MARIA PUBLIC AIRPORT DISTRICT
3217 Terminal Dr
Santa Maria, CA 93455
(805) 922-1726 / Fax (805) 922-0677

SANTA MARIA AIRPORT SEPARATION FORM

THE AIRPORT MUST BE NOTIFIED WITHIN 24 HOURS AFTER AN EMPLOYEE HAS BEEN SEPARATED FROM YOUR COMPANY AND IMMEDIATELY FOR EMPLOYEES TERMINATED FOR CAUSE.

COMPANY NAME:
The employee identified below is no longer working for our company at the Santa Maria Airport.

NAME: LAST FIRST MIDDLE

BADGE NUMBER:

DATE OF SEPARATION/ STATUS CHANGE:

- REASON: (check one)
Resignation Termination for cause
Transfer Change of Status
Retirement Construction Completed
Lay-Off Leave of Absence
Medical Leave Separation for non-cause issue (Attendance, Failed Training, etc.)
Other

ATTACH BADGE HERE TAPE AT TOP AND BOTTOM (DO NOT STAPLE)

- RETRIEVAL OF ID CARD: (check one)
This individual's Airport Identification Badge is attached to this form, in accordance with Airport badging requirements and procedures.
Upon separation, this individual did not turn in their Airport Identification Badge.
Upon separation, this individual had not been issued an Airport Identification Badge.

If the Badge is not being returned at this time, please document in the space below what efforts have been made on the part of your company to retrieve the Badge. (i.e.: Contacted by phone, sent a letter, etc.)

The Airport will attempt to retrieve the ID by sending a letter to the individual. Please provide last known address:

Address City State Zip Code

ALL BADGES ISSUED TO YOUR EMPLOYEES MUST BE ACCOUNTED FOR. FAILURE TO NOTIFY THE AIRPORT ABOUT ANY ID BADGE THAT YOU CAN NO LONGER ACCOUNT FOR IS A VIOLATION OF THE AIRPORT SECURITY PROGRAM AND MAY RESULT IN ADMINISTRATIVE SANCTIONS AND/OR CIVIL PENALTIES. YOUR COMPANY MAY BE CHARGED A FEE IF THEY FAIL TO RETRIEVE AND RETURN THE ID BADGE TO SECURITY.

Submitted By Title:

Date:

AIRPORT USE ONLY: Received By: DATE ID RET'D

PIN # CARD #

LETTER SENT: Y/N DATE SENT ENTERED BY: