Employee Layoff Confidential Document Disposal Request Form

Employee Name
Employee ID
Department
Position
Manager Name
Date of Layoff
Document Details
Type(s) of Confidential Document(s) to be Disposed
Approximate Quantity
Description/Notes
Authorization
Requestor Name
Trequestor Name
Requestor Signature
Tequestor digristate
Authorized By
Authorization Signature
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