

**EXHIBIT 1
DISQUALIFICATION OR WITHDRAWAL FORM**

Employee's Name _____

Social Security Number _____

Seniority Date _____

Effective _____ the above named employee
(Date)

has been disqualified / has withdrawn / rejected (Circle One)

From Vacancy Number _____

Job _____
(Number and Title)

At _____
(District / Plant / Department – Location)

Qualifying period for employee began _____
(Date)

Reason for disqualification or withdrawal:

Employee returned to the last qualified job listed below on _____
(Date)

Job Number and Title _____

District/Plant/Department _____

Location and Section _____

Employee's Signature

Supervisor's Signature

Date

Date

ORIGINAL TO LABOR RELATIONS
COPY TO UNION OFFICE