



UNITED STATES  
POSTAL SERVICE

## RURAL CARRIER ASSOCIATE / TEMPORARY RURAL CARRIER TERMINATION OR RESIGNATION

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING THE RCA/TRC  
WHO HAS BEEN SEPARATED

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

LAST DAY WORKED: \_\_\_\_\_ RESIGNATION: \_\_\_\_\_ TERMINATION: \_\_\_\_\_

ACCIDENTS: NO: \_\_\_\_\_ YES: \_\_\_\_\_ INDUSTRIAL: \_\_\_\_\_ VEHICLE: \_\_\_\_\_

REASON FOR SEPARATION (ALSO COMPLETE BOTTOM PORTION): \_\_\_\_\_

WOULD YOU RECOMMEND THIS EMPLOYEE FOR REHIRE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

NAME OF SUPERVISOR COMPLETING THIS FORM: \_\_\_\_\_  
*(Please Print)*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HISTORY FOR EMPLOYMENT PURPOSES

WHAT WAS THE LAST INCIDENT THAT CAUSED YOU TO TERMINATE THIS EMPLOYEE?

WAS IT BEYOND THE EMPLOYEE'S CONTROL? (PLEASE EXPLAIN): \_\_\_\_\_

WAS EMPLOYEE COUNSELED ON DEFICIENCIES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF SO, LIST DATES OF EACH DISCUSSION: \_\_\_\_\_

WERE THEY VERBAL OR WRITTEN? \_\_\_\_\_

DO YOU HAVE SUFFICIENT DOCUMENTATION TO APPEAR AT AN UNEMPLOYMENT  
HEARING IF IT IS NECESSARY? YES: \_\_\_\_\_ NO: \_\_\_\_\_