

RADIATION DETECTION BADGE TERMINATION FORM

(Please type or print)

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

MALE/FEMALE _____

INSTITUTION: _____

DEPARTMENT NAME: _____

IMMEDIATE SUPERVISOR: _____

WORK TELEPHONE NUMBER: _____

DATE OF TERMINATION: _____

My radiation detection badge and holder were turned in to my supervisor on _____.
I understand that if I do not return my badge holder, I will be required to pay a fee of \$5.00. If I fail to turn in my radiation detection badge, I will be required to complete a lost badge form and submit it to the Radiation Safety Office in a timely fashion.

I understand that my history exposure may be requested in writing sixty days following my termination date.

Employee Signature

Immediate Supervisor Signature

Department Head Signature

For Radiation Safety Office Use Only:

Date Form Received: _____

Date Terminated: _____

RSO Staff: _____