

Port of Port Arthur
EMPLOYEE SEPARATION FORM

Section A: Employee Separation Information

(To be completed by a company/organization authorized representative who will act as the contact person between the entity and the Port of Port Arthur.)

Company/Org. Name: _____

The following named individual is no longer employed by the above-named business entity and is no longer authorized to conduct business on POPA terminal property.

Former Employee Name: _____

Social Security Number: _____

Section B: Company/Org. Confirmation

(To be completed by authorized representative)

Authorized Representative Name **Title**

Signature **Date**

Phone Number **Fax Number**

Email Address

Section C: Facility Security Officer Confirmation

Effective _____, the above-named individual's POPA Identification
(Date)

Card has been deactivated and is no longer valid.

FSO Name: _____

Signature: _____ **Date:** _____

When an individual is no longer employed by your business entity, the POPA Identification Card shall be returned to the POPA FSO at the Command Center located on West Lakeshore Drive in Port Arthur, Texas. Please check one of the following boxes:

POPA ID Card Attached

Not able to Retrieve POPA ID Card