

TRACER

SECURITY SERVICES, INC

3040 Teddy Drive, Baton Rouge, LA 70809 (225) 769-6606 Fax: (225) 296-0907

Date: _____

To: Departing Tracer Employee(s)

On the date listed above I, _____
received my paycheck from Tracer. I attest that at my time of termination I
have no job related injuries or illnesses. I understand that withholding any
job related injuries from Tracer could result in legal action and possible
criminal prosecution. By signing this form I am telling Tracer that I have
not been injured while working for Tracer and affirm that if there were any
job related injuries while I was employed with Tracer, they were reported as
required by the Tracer Regulation Manual.

Last Name: _____ First Name: _____

Signature: _____