



CITY OF NEW ORLEANS

FUEL PIN DEACTIVATION FORM

DATE: _____

FULL NAME OF EMPLOYEE: _____
(Please include suffix, for example, Jr., Sr., II, etc.)

EMPLOYEE ID #: _____

DEPARTMENT: _____

FUEL PIN: _____

Employee Signature

TO BE COMPLETED BY HR MANAGER

LAST DAY EMPLOYEE WORKED: / /
(MM) (DD) (YYYY)

TERMINATION DATE: / /
(MM) (DD) (YYYY)

Appointing Authority or Designee's Signature