

NOTICE OF TERMINATION FOR CAUSE

1. This Notice of Termination for Cause is provided with respect to the contract by and between these parties:

EMPLOYER NAME: _____ EMPLOYER NO. _____

OFFICE ADDRESS _____

E-MAIL _____ OFFICE/CELL PHONE _____

FAX NO. _____

EMPLOYEE NAME: _____

LIIDS NUMBER: _____

E-MAIL _____ CELL PHONE _____

CNMI HOME ADDRESS _____

2. The employer intends to terminate the contract on this date: _____. Wages will be paid to a date ten (10) days after this termination date. A contract with a foreign national worker is not terminated for cause until the Director of Labor approves.

3. The employer notifies the employee that this contract is terminated for cause:

- for _____ unauthorized absences or _____ instances of tardiness to work by the employee;
- for neglect, careless performance, non-performance, or non-completion of assigned work by the employee;
- for conviction of the employee in the CNMI of any felony or any two misdemeanors
- for abandoning of the job or assigned duties by the employee;
- for misrepresentation by the employee of the qualifications, skills or physical or mental fitness to perform satisfactorily the duties for which the employee was hired
- for other reasons, specifically _____

4. Employee's repatriation option: I hereby request a repatriation ticket to my point of hire in my home country.

5. Employee's investigation option: I disagree that there are grounds to terminate the contract for cause and I request an investigation by the Director of Labor. I understand that I may transfer to a new employer only after a finding by the Director of Labor that the circumstances of the termination for cause are not disqualifying.

6. Employee's complaint option: I understand that I have a right to file a complaint with the Administrative Hearing Office at the Department of Labor if wages or overtime are owed by the employer. I understand that I may file a complaint for money damages only within six months of the date of the notice of termination and that I must file within 30 days of the expiration date of my entry permit.

Date

Employer

Date

Employee

Approved Not approved

Date

Director of Labor