

Reference from Aberdeen City Council provided by:

Name _____ Job Title _____

Signature _____ Date _____

Name of Employee / Former Employee	
Employment Dates	From: To:
Job Title (most recent)	
Number of days sickness in last 2 years of employment	<p style="text-align: center;">_____ calendar days</p>
Current disciplinary warnings on file	Not Applicable or Date: Level of warning: Nature of misconduct:
Reason for employment ending	<p><i>[Delete as appropriate]</i> Still employed / employee resignation / redundancy / voluntary severance / retiral / Ill Health (capability)</p> Dismissal: (provide details) <hr/> <hr/> <hr/> <hr/> <hr/>
Additional (factual) comments	