

NOTIFICATION OF PURGED RECORDS

Employee Name: _____

Social Security #: _____

CBH Work Unit: _____

In accordance with State Law (O.C.G.A. §45-1-5), the official personnel file and all associated work history records of the above-named employee have been partially purged based on a termination settlement agreement, dated _____.

Verified By: _____
(Signature)

Print Name: _____

Job Title: _____

C: Official Personnel File
Other Relevant Purged Files