

## Position Discharge Certificate

This certificate is hereby granted to:

**Name:**

**Position/Title:**

**Department:**

**Employee ID No.:**

This certifies that the above-named employee has been officially discharged from their position effective on:

**Effective Date of Discharge:**

**Reason for Discharge (if applicable):**

**Remarks:**

**Authorized By:**

**Designation:**

**Date:**

**Signature:**

This certificate is issued for official purposes only.