

NORTH CAROLINA BOARD OF FUNERAL SERVICE
CHANGE IN EMPLOYMENT FOR RESIDENT TRAINEESHIP

Name of Resident Trainee: _____

Name of Funeral Establishment Formerly Employing Resident Trainee: _____

Name of Former Supervisor: _____

Dates of Former Employment: _____ through _____

Funeral Establishment Currently Employing Resident Trainee: _____

Proposed New Supervisor: _____

Effective Date of Change in Employment: _____

Reason for Change in Employment: _____

Signature of Resident Trainee

Date

Pursuant to N.C.G.S. 90-210.28, any voluntary supervisor change request submitted by a resident trainee must be accompanied by a \$50.00 voluntary change in supervisor fee.