



Corporate Management Group  
 12000 N. Washington St. Suite 350  
 Thornton, CO 80241  
 Office – 303-920-1425  
 Fax – 303-737-7767  
 Contact Name: Jamie Ready

**Termination of Employment**

Name of Employee: Gabriel Santistevan Last Day Worked: 9/29/23

	Employee Initials	Reason for Termination
Quit	✓	was on LOA - surgery -
Laid Off		
Terminated		
Failed to Report		
Converted		

If they employee quit was a notice provided? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when? \_\_\_\_\_

Final Pay to Include: NA- Eligible for rehire: Yes  No \_\_\_\_\_

The following items have been turned in:

Truck		
Keys		
Tools		
Supplies		
Uniforms		
Cell Phone		
Other		

Receipt of a fully executed copy is acknowledgement of this termination notice.

Signed: \_\_\_\_\_  
 Employee Date

Signed: JMoul 2/21/23  
 Employer Date