



Corporate Management Group
 12000 N. Washington St. Ste. 290
 Thornton, CO 80241
 Office – (303) 920-1425
 Fax – (303) 737-7767
 Contact Name: Tina Krol

Termination of Employment

Heather Shannon _____ 2/18/14 _____
 Name of Employee Today's Date

Last Day worked 2/18/14

Quit AS Laid off _____ Terminated _____
 Employee Initial Employee Initial Employee Initial

Failure to report to work _____ Other _____
 Employee Initial Employee Initial

Final pay to include _____
Worked hours for current pay period and accrued but unused PTO

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 [Signature] _____
 Employee

Signed _____
 Employer