



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: Keith Oliver

Last Day Worked: 1/2/2021

	Employee Initials	Reason for Termination
Quit		
Laid Off		
Terminated		
Failed to Report		
Converted	<u>AO</u>	<u>moving to CLI payroll</u>

If they employee quit was a notice provided? Yes ___ No ___ If so, when? _____

Final Pay to Include: 1 week of pay worked Eligible for rehire: Yes X 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: Gail Moul 1/4/2021
 Employer Date