



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: M. ^{Shawn} Connell Last Day Worked: 7/19/20

| | Employee Initials | Reason for Termination |
|------------------|-------------------|-----------------------------|
| Quit | | |
| Laid Off | | |
| Terminated | | |
| Failed to Report | | |
| Converted | <u>sc</u> | <u>Going on CLI payroll</u> |

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

Final Pay to Include: 1wk pay 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: April Moul 7/22/2020
 Employer Date