



Separation Report

Employee Name: Michael Fitzpatrick
Client Company: Colorado Lighting, Inc. Separation Date 4/14/15

Reason for Separation or Refusal

(Please check one of the following)

Voluntary (Resignation, Job Abandonment, etc.)

- Attach Letter of Resignation (if available)
- Date employee quit on ___/___/___
- Was there full time work for the employee when he/she quit? ___ Yes ___ No
- Please give a detailed explanation of the circumstances, including any statements made by the employee at the time of separation. (Complete Explanation of Separation below.)

Involuntary (Layoff, Company Termination, Death, etc.)

- Attach Warnings (if available)
- Discharged for misconduct connected with work on 4/14/15
- Describe what the worker did or failed to do which caused the discharge. Explain the specific act of misconduct; avoid general terms like "absenteeism", "violation of rules"; tell what rule was violated and why, how often absent, etc. (Complete Explanation of Separation below.)
- The worker was terminated for unsatisfactory job performance. (Complete Explanation of Separation below.)

Explanation of Separation: (use additional sheets if necessary)

Michael has missed 9 days within the last 2 1/2 months since Feb 1st
Days missed as follows Feb 1, Feb 11, March 4, March 20, March 30
April 6, April 7, April 10, April 13

Dates of Employment: _____ to 4/8/15

Starting Position: Lighting Technician

Ending Position: Lighting Technician

Supervisor's Notes: _____

I certify my statements are true and correct.

Supervisor's Signature: Jason Lynch Date: 4/14/15



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

Michael Fitzpatrick _____ April 14, 2015
 Name of Employee Today's Date

Last Day worked April 8, 2015

Quit _____ Laid off _____ Terminated KIE
 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	N/A	
Keys	N/A	
Tools	N/A	
Supplies	YES	
Uniforms	YES	
Cell Phone	N/A	
Other	NA	

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

Signed [Signature] _____
 Employee

Signed [Signature] _____
 Employer