



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

Paul Silva 5/19/14
 Name of Employee Today's Date

Last Day worked 5/16/14

Quit PS 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	N/A	
Keys	N/A	
Tools	X	
Supplies	X	
Uniforms	X	
Cell Phone	N/A	
Other		

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

Signed [Signature] Employee

Signed [Signature] Employer



Separation Report

Employee Name: Paul Silva
Client Company: _____ Separation Date 5/19/14

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 5/19/14
- 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 ___/___/___
- 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)

Dates of Employment: 5/12/13 to 5/16/13

Starting Position: _____

Ending Position: _____

Supervisor's Notes: _____

I certify my statements are true and correct.

Supervisor's Signature: [Signature] Date: _____