



Carlson Building Maintenance

Termination Form

08-29-2025

Termination Form

Employee number: 100919

Employee last name: _____

Employee second last name: _____

Employee first name: Delgadillo Lira, Adriana

Last day worked: 08-27-2025

District Manager

Were warnings given? N/A

Eligible for rehire? Eligible for rehire: Yes

Explain missed shifts by employee: Reason employee quit: N/A

Jose Martinez

08-29-2025