



Carlson Building Maintenance

Termination Form

10-09-2025

Termination Form

Employee number: 16297

Employee last name: Miller

Employee second last name: _____

Employee first name: Stephanie

Last day worked: 09-27-2025

District Manager

Were warnings given? N/A

Eligible for rehire? Eligible for rehire: Yes

Explain missed shifts by employee: Reason employee quit: No call no show. Did not show up for 2 days.

Zuleika Huertas

10-09-2025