



Carlson Building Maintenance

Termination Form

09-22-2025

Termination Form

Employee number: 16312

Employee last name: Hamilton

Employee second last name: _____

Employee first name: Lyndon

Last day worked: 09-22-2025

District Manager

Were warnings given? No

Eligible for rehire? Eligible for rehire: No

Explain missed shifts by employee: Reason employee quit: No call no show and job performance

Zuleika Huertas

09-22-2025