

Carlson Building Maintenance

Termination Form

02-06-2026

Termination Form

Employee number: 16512

Employee last name: Rivera

Employee second last name: _____

Employee first name: Cecilia

Last day worked: 01-30-2026

District Manager

Were warnings given? No

Eligible for rehire? Eligible for rehire: No

Explain missed shifts by employee: Reason employee quit: Employee refused to work task as they were given to her. Employee not productive and spending time in breakroom. Employee refused to work weekends. Employee was a NCNS on 01/28/2026.

Marcio Rojas

02-06-2026