

Carlson Building Maintenance

Termination Form

01-16-2026

Termination Form

Employee number: 16597

Employee last name: Moraida

Employee second last name: _____

Employee first name: Sarah

Last day worked: 01-11-2026

District Manager

Were warnings given? N/A

Eligible for rehire? Eligible for rehire: No

Explain missed shifts by employee: Reason employee quit: Employee never worked on day 1 on 1/11. NCNS

Adrian Duran

01-16-2026