

Carlson Building Maintenance

Termination Form

01-26-2026

Termination Form

Employee number: 16657

Employee last name: Thomas

Employee second last name: _____

Employee first name: Eric

Last day worked: 01-25-2026

District Manager

Were warnings given? N/A

Eligible for rehire? Eligible for rehire: No

Explain missed shifts by employee: Reason employee quit: Employee did a NCNS on Day 1 and texted did not want the job

Adrian Duran

01-26-2026