

Carlson Building Maintenance

Termination Form

04-04-2026

Termination Form

Employee number: 88888

Employee last name: Employee

Employee second last name: _____

Employee first name: Test

Last day worked: 04-05-2026

District Manager

Were warnings given? N/A

Eligible for rehire? Eligible for rehire: Yes

Explain missed shifts by employee: Reason employee quit: N/A

Integration Test

04-04-2026