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|---|---|
| <input type="checkbox"/> JMAC Resources | <input type="checkbox"/> JMAC Ready-Mix |
| <input type="checkbox"/> IHD Liquids | <input type="checkbox"/> IHD Solids |
| <input type="checkbox"/> JCO | <input type="checkbox"/> Pronghorn, LLC |
| <input type="checkbox"/> WDW | <input type="checkbox"/> _____ |

Division must be indicated above or form will be returned to individual completing it.

Letter of Termination

Employee Name:	Date:
Last Date Worked:	
Is this separation: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
Is this employee eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior warnings: <input type="checkbox"/> None <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> DOT Violation	
Explain warning(s)/violation(s):	

<p>Reason for Termination</p> <p><input type="checkbox"/> Voluntary, employee personal reasons, gave proper notification</p> <p><input type="checkbox"/> Voluntary Job Abandonment (<i>3 days, no call /no show</i>)</p> <p><input type="checkbox"/> Permanent Layoff</p> <p><input type="checkbox"/> Policy Violation, Cite Policy: _____</p> <p>Explain further:</p>

All assigned equipment returned (excluding Safety items) in good condition? Yes No

If NO, deduct the following amount from last paycheck : \$ _____

_____ _____
 Manager/Superintendent Signature Date

Termination Checklist attached (when applicable)

HR USE ONLY	Date of Hire:	Last 4 digits SSN:
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