



Employee Service Release

Client Company _____

Employee/First Name: _____ Last Name: _____

Reason for release: (If more space is needed, attach additional page and/or any supporting documents)
La razón del despido (Si más espacio es necesario, ate la página adicional y/o cualquier documento de apoyo)

I, _____ (Employee Name) understand that my services are no longer needed and/or desired by _____ (Client Company) at this time. I also understand about the requirement that I must contact Corporate Solutions at 888-785-4018 within 24 hours of this notice for possible reassignment and to continue calling for three days.

Yo, (Nombre de Empleado/a), comprendo que mi servicios no son necesarios y/o deseados) por (Cliente) en este tiempo. También entiendo sobre el requisito de ponerme en contacto con Corporate Solutions 888-785-4018 en el plazo de 24 horas de este aviso para la reasignación posible y continuar llamando por tres días.

Signed this day _____ day of _____, 20_____

In the presence of:

Client Company Representative as Witness
Printed Name

Employee
Printed Name

Client Company Representative as Witness
Signature

Employee
Signature