



MAREK EMPLOYMENT MANAGEMENT COMPANY

SEPARATION NOTICE

Employee Name _____

Social Security Number _____

Company Assigned _____ Separation Date _____

_____ Quit

_____ No Show

_____ Assignment Completed

_____ Assignment Terminated

_____ Other (explain below)

To better serve you with future personnel needs, please complete the information below.

Re-Assignable () Questionable Re-Assignment () No Re-Assignment ()

Comments: _____

Signed _____ Date _____

Printed Name _____