Termination/Resignation Form

Xscape Theatres

_____ Termination _____ Resignation

Employee Name:_____

Last Day Worked:_____Theatre:_____

Was Sufficient (2 weeks) Notice Provided to Employer?_____

Reason for Separation:_____

_____

_____

_____

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_____

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_____

(Attach written documentation if available)

_____

Employee Signature and Date

_____

Manager Signature and Date

_____

Director Signature and Date