



Employee Labor Release / Separation Form

(Forma de la Liberacion del Trabajo / Forma de la Separacion)

I, _____, understand that my services are no longer needed and/or desired by
(Employee's Name)
_____, at this time. My last day worked was: _____
(Client Company)

Separation Reason: ___ No Call No Show/Job abandonment ___ Resigned with Notice
 ___ Reduction in workforce ___ Resigned without Notice
 ___ Permanent Release (explanation below) ___ Temporary layoff

Client Statement: _____

Employee Statement: _____

Important: An employee's Refusal to sign a Labor Release form upon completion of an assignment with a Client company will result in an employee's ineligibility for further assignment with any other clients of Integrity HR Management. All employment relationships with IHRM will end on the day the employee refused to sign the Labor Release Form, and the employee will not be required to call in for further assignment.
IMPORTANTE: La rechazo de un empleado para firmar una la Forma de la Liberacion del Trabajo sobre la lermnacion de una tarea con una compania de cliente tendra como resultado la inegibilidad de un empleado para la tareas adicionales con otros clientes de Integrity HR Management. Todos los relaciones del empleo con IHRM terminaran en el dia que el empleado se niege a firmar la Forma de la Liberacion de Trabajo, y el empleado no sera requerido a llamar para la tareas adicionales.

EMPLOYEES PLEASE READ: My signature below does not indicate an admission of guilt but indicates my understanding that on the conclusion of my assignment, I will remain an employee of IHRM, and must contact IHRM at (830) 331-1300, by the end of the next business day and inform a Human Resources representative of my availability for continued employment and assignments. I am aware that I must contact IHRM office for any reason that my services are no longer required, to include if I am temporarily or permanently laid off, or if my work hours have been reduced. Failure to do so may affect my eligibility for unemployment benefits. I have received written instructions to call IHRM as stated above.

EMPLEADOS, FAVOR DE LEER: Mi firma abajo no indica ninguna admision de culpabilidad pero indica que entiendo que al concluirse mi asignacion, permancere como empleado de IHRM, y tengo que comunicarme con IHRM, (830) 331-1300. antes del fin del dia sigueinte y informarle a un representante de Recursos Humanos de mi disponibilidad para empleo y asignaciones adicionales. Estoy enterado que debo contactar a la oficina de IHRM para cualquier razon que mis Servicios ya no son requeridos, para incluir si soy temporalmente o permanentemente suspendido, o si mis horas de trabajo han sido reducidas. El fracaso de no hacerme disponible puede afectar mi elegibilidad para beneficios de desempleo. He recibido instrucciones escritas de llamar a IHRM como se ha descrito antemano.

Employee Signature / Firma del Empleado

Social Security Number

Client Company Agent Signature

Date

Provide a copy of this form to the employee

Pursuant to Texas Senate Bill 51, failure to send this form to Integrity in a timely manner may result in Client being charged for uncollected premium.