

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 Method HR Management. All employment relationships with MHRM 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 terminacion de una tarea con una compania de cliente tendra como resultado la inegibilidad de un empleado para la tareas adicionales con otros clientes de Method HR Management. Todos los relaciones del empleo con MHRM terminaran en el dia que el empleado se niega 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 MHRM, and must contact MHRM at (210) 876-2694, 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 MHRM 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 MHRM 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 MHRM, y tengo que comunicarme con MHRM, (210) 876-2694, 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 MHRM 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 MHRM 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 Method in a timely manner may result in Client being charged for uncollected premium.