Synfast Oil Change

FINAL WAGES/EXIT INTERVIEW FORM

This form must be completed by the service center mgr
and employee at the time of termination

Date: _____ **Actual Last day worked:**_____

Employee Name: _____ **Store:** Balboa

Employee Address: _____

Wages Due:	Regular	Overtime
Week 1 hours:	_____	_____
Week 2 hours:	_____	_____
Total hours:	0	0

Uniforms NOT Returned as of this date

Pants _____

Shirts _____

Your employment with our company has been terminated for the following reason(s):

☐ VOLUNTARY QUIT **REASON**: _____

DATE NOTICE GIVEN: _____

_☐_ I agree that all the information above is accurate.

_☐_ I disagree with the information provided above for the following reason: _____

_____

_____

I agreed that the above hours and uniforms not returned information is correct. I understand that my final paycheck will be mailed to me at the mailing address the office has on file, that is currently on my paycheck. I understand if my correct address differs from the one currently on my paycheck that it may delay my final check. I understand that my uniform deposit will be withheld if I have not returned all my uniforms.

_____ _____

Employee Signature Date

_____ _____

Service Center Manager Date

Please e-mail completed form and Resignation letter to: payroll@synfastoilchange.com