**TOP FLIGHT DISTRIBUTION**

**FINAL PAPERWORK CERTIFICATION**

|  |  |
| --- | --- |
| **Name:** | **Last Four of SSN:** |
| **Effective Date** (mm/dd/yy): | **Today’s Date** (mm/dd/yy): |

Your employment status has changed for the reason checked below:

* Voluntary Resignation
* Layoff
* Discharge/Termination

By affixing my signature below, I certify the following:

• I have received all outstanding monies owed to me by Top Flight Distribution.

• I have returned all equipment, including company credit card, office and/or company automobile key, badge and/or keycard, to Top Flight Distribution.

• I have reported all on-the-job injuries, if any, to Top Flight Distribution.

• I understand that the Confidentiality/Non-disclosure Agreement I signed remains in effect beyond the term of my employment with Top Flight Distribution.

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Employee Signature Date (mm/dd/yy)

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor (Print Name) Title

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Date (mm/dd/yy)

**DISTRIBUTION: Copy to Employee Personnel File**