Cinema Entertainment Corp.

CEC TERMINATION OF EMPLOYMENT

EMPLOYEE NAME _____ **EMPLOYEE #**_____

ADDRESS_____

SOCIAL SECURITY #: ____-____-____ **POSITION**: _____

TERMINATION DATE: ____ / ____ / ____ **Remove From Payroll**? ___**Yes** ____**No**

Reason For Termination: Resigned

___Moving ___Retired ___Found Other Employment

___Personal (Non-job Related) ___Working Conditions ___Other _____

Reason For Termination: Laid Off

___Temp position ended ___Lack of Work Other_____

Reason For Termination: Discharged

___Absenteeism ___Tardiness ___Misconduct ___Poor Performance

___ Violated Company Policies ___Other_____

Manager/Supervisor: Provide written reason for Termination

_____

_____

_____

_____ Date: ___ / ___ / ___
Manager/Supervisor Signature

Employee Acknowledgment: ____I agree with the above reason ___I disagree with the above reason

If you disagree, Please explain: (Use back of form if more space is needed.)

_____

_____

I hereby certify that the foregoing is a true statement of the reason or cause of my termination of employment.

_____ Date: ___ / ___ / ___
Employee Signature

3/1/2005