

EXHIBIT V



4067

Employee Separation Form

This form must be used to remove an employee from payroll due to resignation or termination. Do not use this form for any other payroll requests.

Revised December 2004

Last Name (Please Print) Johnson		First Name Thomas	Middle Initial RECEIVED	BBID (required)	Last 4 of Soc. Sec. # (required)
Corporate and DC Employees	Cost Center 80866	Location Gaitherburg 2004 SEP 2 MAD 13		Division/Department Name Online	
Field Employees	Store #	City, State		Area	Region

Voluntary Resignation - requires level 1 approval below

Separation Date (m/d/y)	Separation Code (see back of form)	Recommended for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain in "Comments" section)	Forwarding Address Given? <input type="checkbox"/> Yes (indicate in "Comments" section) <input type="checkbox"/> No	PTO Accrued	PTO Used	PTO Balance
Attention Supervisor: You should attach a letter of resignation from this employee. Was this done? <input type="checkbox"/> No <input type="checkbox"/> Yes						

Involuntary Discharge - requires level 1, 2, 3 approval below

Separation Date (m/d/y) 8/26/05	Separation Code (see back of form) IH	Recommended for Rehire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain in "Comments" section)	Forwarding Address Given? <input type="checkbox"/> Yes (indicate in "Comments" section) <input checked="" type="checkbox"/> No	PTO Earned	PTO Used	PTO Balance
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Briefly describe the reason that supports the decision to terminate

Numerous employees and temp staff reported favoritism, harassment & intimidation tactics used by the employee.

Has this employee received any previous corrective action(s)? No Yes - complete this section

Date (m/d/y)	Type of corrective action (check one)	Violation
3/9/05	<input checked="" type="checkbox"/> verbal <input type="checkbox"/> written <input type="checkbox"/> final written	Job performance
3/28/05	<input type="checkbox"/> verbal <input checked="" type="checkbox"/> written <input type="checkbox"/> final written	Harassment, misconduct
5/17/05	<input type="checkbox"/> verbal <input type="checkbox"/> written <input checked="" type="checkbox"/> final written	Harassment, misconduct

Have there been any other discussions or actions taken? No Yes - complete this section and attach related documents

Date (m/d/y)	Summary
	AIS R/S 8/26/05

Comments

unacceptable behavior in workplace

Attention Supervisor: Involuntary discharges must be reviewed in advance by your Immediate Manager and Human Resources Manager.

Employee	Print Name	Date
Immediate Supervisor	Print Name	Date
Immediate Supervisor's Manager SA Allen	Print Name Scott A. Colten	Date 8/26/05
Human Resources Manager Jennifer Fitzgerald	Print Name Jennifer Fitzgerald	Date 8/26/05

- Level 1 approval
- Level 2 approval
- Level 3 approval

Original - Payroll Department (address on back) Yellow - HR Manager Blue - TALX (address on back) Pink - Immediate Supervisor

Recorder Form 800105

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