

EXHIBIT W



4547 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) Barrett		First Name Lincoln	Middle Initial RECEIVED	BBID (required) 11205707	Last 4 of Soc. Sec. # (required)
Corporate and DC Employees	Cost Center 80866	Location Gaithersburg, MD		Division/Department Name Online	
Field Employees	Store #	City, State GAITHERSBURG, MD	Area	Region	

Voluntary Resignation - requires level 1 approval below

Separation Date (m/d/y) 8/26/05	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) IF	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
Briefly describe the reason that supports the decision to terminate. Failed to ensure that a proper work environment existed at the Distribution Center						
Has this employee received any previous corrective action(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes - complete this section						
Date (m/d/y)	Type of corrective action (check one)	Violation				
3/17/05	<input type="checkbox"/> verbal <input type="checkbox"/> written <input type="checkbox"/> final written	Unproductive Work Environment				
5/17/05	<input type="checkbox"/> verbal <input checked="" type="checkbox"/> written <input type="checkbox"/> final written	Harassment allowed in workplace; Invidious				
Have there been any other discussions or actions taken? <input type="checkbox"/> No <input type="checkbox"/> Yes - complete this section and attach related documents						
Date (m/d/y)	Summary AIS RB 9/2/05					

Comments

unable to effectively manage operation

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

CONFIDENTIAL

Employee	Print Name	Date
Immediate Supervisor [Signature]	Print Name Scott A. Colten	Date 8/26/05
Immediate Supervisor's Manager [Signature]	Print Name Brian A. Hand	Date 8/26/05
Human Resources Manager Jennifer Fitzgerald	Print Name Jennifer Fitzgerald	Date 8/26/05

Original - Payroll Department (address on back)

Yellow - HR Manager

Blue - TALX (address on back)

Pink - Immat

BBI001798

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