



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 2001

Last Name (Please Print) Johnson		First Name Thomas	Middle Initial RECEIVED	BSID (required) 11221784	Last 4 of Soc. Sec. # (required)
Corporate and DC Employees	Cost Center 80866	Location Gaitherburg MD		Division/Department Name Online	
	Store #	City, State		Area	Region

Voluntary Resignation - requires level 1 approval only

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? No Yes

Involuntary Discharge - requires level 2-3 approval only

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
---	---	---	--	------------	----------	-------------

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
	RV 9/2/05

Recorder Patch 000105

Comments

unacceptable behavior in workplace

EXHIBIT 19
WIT: **Colleen**
DATE: **6/24/08**
MERRILL LEGAL SOLUTIONS

© 2000 Blockbuster Inc. All Rights Reserved.

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	Print Name Scott A. Colleen	Date 8/26/05
Human Resources Manager	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

CONFIDENTIAL

BBI001760

DALLAS, TEXAS 75088 - (972) 732-3200

hourly
 routed home
~~external file~~



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.

LAST Name (Please Print) Johnson	First Name Thomas	Middle Initial A.	BBID (required) 11221786	Last 4 of Soc. Sec. # (required) 4067
Cost Center 80866	Location Coatlingsburg MD	Division/Department Name Online		
Store #	City, State	Area	Region	

Separation Date (m/d/y)	Separation Code (see back of form)	Recommended for (m/d/y)	Forwarding Address Given?	PTO Accrued	PTO Used	PTO Balance
		<input type="checkbox"/> Yes <input type="checkbox"/> No (explain in 'Comments' section)	<input type="checkbox"/> Yes (indicate in 'Comments' section) <input type="checkbox"/> No			

Attention Supervisor: You should attach a letter of resignation from the employee with this form.

Separation Date (m/d/y)	Separation Code (see back of form)	Recommended for (m/d/y)	Forwarding Address Given?	PTO Accrued	PTO Used	PTO Balance
8/26/05	IH	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explain in 'Comments' section)	<input type="checkbox"/> Yes (indicate in 'Comments' section) <input checked="" type="checkbox"/> No	74.69 hrs	72 hrs	(2.69 hrs)

Briefly describe the reasons that supports the decision to terminate.

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

Per
 PS
 1/18-05

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

Comments

unacceptable behavior in workplace

AUG 31 2005

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

HR: **Jennifer Fitzgerald** **Jennifer Fitzgerald** **8/26/05**

Employee	Print Name	Date
Immediate Supervisor	Print Name	Date
Immediate Executive Manager	Print Name	Date
	Scott A. Colten	8/26/05

Level 1 Approval
 Level 2 Approval
 AUG 25 2005 21:07

2005 Blockbuster Inc. All Rights Reserved.



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) Barnett		First Name Lincoln		Middle Initial RECEIVED	BBID (required) 112057091	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 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 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 checked="" 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)? No 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 Harassment allowed in workplace; Envia
5/11/05	<input type="checkbox"/> verbal <input checked="" type="checkbox"/> written <input type="checkbox"/> final written	
	<input type="checkbox"/> verbal <input type="checkbox"/> written <input checked="" type="checkbox"/> final written	

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

Date (m/d/y) Summary
8/2/05 **ATS RB**

Comments
unable to effectively manage operation

EXHIBIT 20
 WIT: **Collen**
 DATE: **6/24/08**
 MERRILL LEGAL SOLUTIONS

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

CONFIDENTIAL

Employee	Print Name	Date
Immediate Supervisor Scott A. Collen	Print Name Scott A. Collen	Date 8/26/05
Immediate Supervisor's Manager Jennifer Fitzgerald	Print Name JENNIFER FITZGERALD	Date 8/26/05
Human Resources Manager Jennifer Fitzgerald	Print Name Jennifer Fitzgerald	Date 8/26/05

© 2000 Blockbuster Inc. All Rights Reserved.