

## NOTICE OF TERMINATION OF EMPLOYMENT

### EMPLOYEE INFORMATION

|                                       |   |
|---------------------------------------|---|
| <b>Employee Full Name:</b>            | <b>Position / Job Title:</b>  |
| <b>Start Date:</b>                    | <b>Employment Type:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Temporary |
| <b>Effective Date of Termination:</b> |   |

### 1. REASON FOR TERMINATION

The Company hereby notifies the above-named Employee that employment with Three Sisters Group LLC d/b/a TOUS les JOURS is terminated, effective the date stated above, for the reason(s) set forth below.

**Basis for Termination** (check all that apply):

- Policy Violation - specify: \_\_\_\_\_
- Excessive Absenteeism / Point Accumulation (see Section 6 of Employment Agreement)
- Theft or Misappropriation of Company Property or Cash
- Time-Clock Manipulation / Buddy Punching
- Insubordination / Misconduct
- Food Safety Violation
- Job Abandonment (two or more consecutive no-call/no-show occurrences)
- Contract End Date Reached (Temporary Employees only)
- Other: \_\_\_\_\_

### 2. SUPPORTING RECORDS AND DOCUMENTATION

The following records have been reviewed and constitute the basis for this termination decision:

### 3. FINAL WAGE PAYMENT

Final wages shall be paid in accordance with the terms of the applicable Employment Agreement and Virginia Code §40.1-29. Regular (Permanent) Employees: final wages will be issued no later than the next regular bi-weekly payday following the last day worked. Temporary Employees: in the event of involuntary termination or layoff, final wages will be paid no later than the next regular payday; in the event of voluntary resignation, no later than the earlier of the next regular payday or within one (1) month of the last day worked. Employee hereby acknowledges and agrees that final wages will be disbursed on the applicable payroll date as set forth above, consistent with the terms of the executed Employment Agreement.

### 4. RETURN OF COMPANY PROPERTY - AUTHORIZATION TO DEDUCT

Employee is required to return, on or before the effective date of termination, all Company property in Employee's possession, custody, or control, in the same condition as received, including without limitation: uniforms, aprons, name tags, keys, access cards, tools, equipment, and any other items issued by the Company. All property must be returned in full and undamaged. The replacement value of any unreturned or damaged item shall equal the Company's original purchase price for that item.

By signing this Notice, Employee expressly authorizes the Company to deduct from Employee's final wages or to seek recovery through appropriate legal channels - the full original purchase-price value of any Company property that is not returned or is returned in a damaged condition, to the extent permitted by Virginia Code §40.1-29 and applicable law.

| Item Description   | Returned <input type="checkbox"/> | Purchase Value (if not returned) |
|--------------------|-----------------------------------|----------------------------------|
| Uniform / Apron    | <input type="checkbox"/>          | \$ _____                         |
| Keys / Access Card | <input type="checkbox"/>          | \$ _____                         |
| Other: _____       | <input type="checkbox"/>          | \$ _____                         |

### 5. ACKNOWLEDGMENT AND AGREEMENT

By signing below, Employee acknowledges receipt of this Notice, confirms that the information stated herein is accurate to the best of Employee's knowledge, and agrees to the terms set forth in Sections 3 and 4 above as a condition of receiving final wages on the applicable payroll date. Employee's signature does not constitute admission of wrongdoing and does not waive any right Employee may have under applicable law. If Employee declines to sign, this Notice shall nonetheless be placed in Employee's personnel file and shall be effective as of the date indicated herein.

### EMPLOYEE

Employee Full Name (Print)

Signature

Date

### MANAGEMENT

Manager Full Name (Print)

Title

Signature

Date

A signed copy of this Notice shall be retained in the Employee's personnel file. Employee receives a copy for personal reference. | Rev. 05122026