



INVOLUNTARY TERMINATION REQUEST

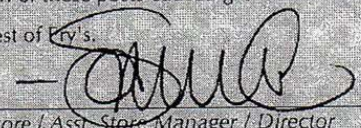
TO BE COMPLETED BY MANAGEMENT P

Associate's Name: Luis Macias Assoc #: 82160 Request Date: 06/04/08
 Store/Loc #: 015 Dept. #: 2 Position: Computer Sales Associate
 SS#: _____ Last Day Worked: 06/04/08 Hire Date: 02/16/04

REASON: PLEASE CHECK ONE AND PROVIDE AN EXPLANATION BELOW ABOUT THE REASON FOR TERMINATION:

- | | | | |
|--|--------|--|---------|
| <input type="checkbox"/> Dishonesty Issue | T-DISH | <input type="checkbox"/> Misuse of Technology Resources | T-TECH |
| <input type="checkbox"/> Excessive Absences | T-ATTN | <input type="checkbox"/> Positive Drug Exam | T-DRG |
| <input type="checkbox"/> Excessive Tardiness | T-ATTT | <input type="checkbox"/> Product Disparagement | T-PRDIS |
| <input type="checkbox"/> Failure To Comply With Company Policy | T-FTCO | <input type="checkbox"/> Reduction In Work Force | T-RIF |
| <input type="checkbox"/> Falsification of Employment Application | T-FALS | <input type="checkbox"/> Unsatisfactory Job Performance | T-USF |
| <input type="checkbox"/> Harassment | T-HAR | <input type="checkbox"/> Unsatisfactory Performance During First 90 Days | T-US90 |
| <input type="checkbox"/> Misconduct | T-MSC | <input type="checkbox"/> Workplace Violence | T-WKPL |
| | | <input checked="" type="checkbox"/> Other - Explain Below | T-OTHR |

Explanation Of The Above Checked Reason: Luis is the owner of the website www.frysforum.com and made numerous posts in which he defamed his co-workers by posting unsubstantiated rumors. The backlash of these posts caused great unrest throughout the store leading to a loss of productivity. The posts were not made in the best interest of Fry's.

Signature of Department Manager _____ Date _____ Signature of Store / Asst. Store Manager / Director  Date 6.4.08

Is Associate on Fry's Company Phone Plan? NO YES
 Does Associate have a Fry's E-mail Account? NO YES: If YES, E-Mail Address: _____
 Has Associate returned Fry's Handbook before departing Fry's? (REQUIRED) NO YES

NOTE: VERBAL APPROVAL IS REQUIRED BY THE APPROPRIATE DIRECTOR OR DISTRICT DEPT. MANAGER IF THE ASSOCIATE IS A DEPARTMENT MANAGER OR SUPERVISOR.

Print Name Of From Whom Approval Obtained _____ Print Name of By Whom Approval Received _____ Date _____



NOTE: INVOLUNTARY TERMINATION IS NOT FINAL UNTIL APPROVED BY THE PRESIDENT OR EXEC. V.P.

SCAN/E-MAIL TO BENEFITS SERVICES ALONG WITH DUPLICATE PUNCH DETAIL AND ALL RELATED BACK-UP DOCUMENTATION (COUNSELING, PROB/SUSP, LP STATEMENTS, ETC.)

FINAL APPROVAL P

Approval Signature of President/Exec. V.P.  Termination Date: 6.10.08

ENTERED

TO BE COMPLETED BY BENEFITS SERVICES P		BENEFITS RECEIVING STAMP P	
Signature of Benefits Associate Inputting 	Assoc # _____	Date JUN 06 2008	RECEIVED JUN 05 2008 FRY'S ELECTRONICS
Signature of Benefits Services Supervisor 	Assoc # 175	Date 6.5.08	

C
DD