



Diocese of Raleigh
Employee Termination Form

This form is to be completed by the **pastor or site administrator** to process the termination of an employee. Required fields are indicated with an asterisk (*)

Type of Employee

Parish

School

Catholic Center

RL# _____

Employee Last Name

Employee First Name

Employee Middle Initial

Last Four of SS#

Location Name

Location City

Payroll # (RL#)

Last Day WORKED

Earned but UNUSED Vacation Hours

Last Pay Date

REASON FOR LEAVING

Voluntary Resignation

Moving (provide forwarding address below)

Transfer to another location within diocese

Retirement

Involuntary termination (contact HR)

Employee qualifies for:

Severance (per diocesan policy)

Reemployment (per diocesan policy)

Forwarding Address:

School Employees Only (principals, directors, and teachers)

Contract end date: _____

Beginning Teacher/Lateral Entry

Signature - Authorized site administrator*

Date*

Signature - Diocese HR (for processing)

Date Processed*

To ensure accurate processing, please return completed form to the Diocesan Human Resource Office as soon as possible via secure fax2mail to: 866-955-8172