



Cover Sheet for:

Employee Termination Form

Prior to submission, please save the Employee Termination Form in the following naming convention:
Location#_Employee Last Name_Effective Payroll Pay Date

When emailing the Cover Sheet and form to hr.payrollprocessing@raldioc.org, please use the following
Subject Line: Employee Termination Form_Location#/Location Name_Employee Last Name_Effective/
Payroll Pay Date

Thank you!



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# _____

Hrly/Sal Exmpt _____

Employee Last Name Employee First Name Employee Middle Initial

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
New location RL#
☐ Retirement
☐ Involuntary termination (contact HR)

Employee qualifies for:

- ☐ Severance (per diocesan policy)
☐ Reemployment (per diocesan policy)

Forwarding Address/Notes:

***** If enrolled in benefits, please process the Transfer Employee or Terminate Employee process on the RETA MyEnroll 360 website at retatrust.org.***

Enrolled in Benefits*: Yes ☐ No ☐

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 email at hr.payrollprocessing@raldioc.org or via secure fax at 984-275-1732