

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 Date

When emailing the Cover Sheet and form to hr.payrollprocessing@raldioc.org, please use the following Subject Line: Employee Termination Form_Location#_Employee Last Name_Effective/Payroll 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
Last Four of SS# Location Name		Location City	Payroll # (RL#)
Last Day WORKED Earned but U		NUSED Vacation Hours	Last Pay Date
REASON FOR LEAVING Voluntary Resignation Moving (provide forwarding add Transfer to another location with New location RL# Retirement Involuntary termination (contact Employee qualifies for: Severance (per diocesan policy) Reemployment (per diocesan policy) Forwarding Address/Notes:	thin diocese	Benefits Administrator Enrolled in Benefits* SchoolEmployeesOnly Contract end date:	Fits, submit CBEBT Termination Form to at Benefits.forms@raldioc.org or via fax 984-275-1726 : Yes No y (principals, directors, and teachers) her/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 email at hr.payrollprocessing@raldioc.org or via secure fax at 984-275-1732