



Termination Notice

Employee Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Telephone:	SS#:	

Name of Church or School (or Name of Chancery Office or Department):
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> Temporary: <input type="checkbox"/>
Position:
Ending Annual/Hourly Salary: \$

Date of Termination:	Is this a Reduction in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacation Days/Hours Taken and Not Earned:	Vacation Days/Hours Earned and Not Taken:
Date of Last Pay check:	<i>*Please allow at least one pay cycle to process</i>
Date of Exit Interview:	Date Extension of Benefits Mailed:
Date Human Resources Notified:	
GA D. O. L. Separation Notice (Catholic Charities Only): <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRANSFER OF EMPLOYMENT

Location Transferring To:	Effective Date of Transfer:
Comments:	

Business Manager Signature:	Date:
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