Catholic Independent Schools of Nelson Diocese

Contract Employee Termination Form

School: _____

Personal Information

Last Name: _____

First Name: _____

Home Phone #: _____ Cell Phone #: _____

Personal E-mail: _____

New Mailing Address for T4 (if applicable): _____

City: _____ Province: _____ Postal Code: _____

Termination Information

Job Title: _____ Last Day Worked: _____

Reason for Leaving based on EI Requirements

A - Shortage of work (layoff)	J - Apprentice training
B - Strike or lockout	M - Dismissal (after probationary period)
D - Illness or injury	M - Dismissal (within probationary period)
E - Quit (Reason: _____)	N - Leave of absence
F - Maternity	P - Parental
G - Retirement	K – Other: _____
H - Work-Sharing	

Expected to Return?   Yes   No   Return Date: _____   Unknown

Termination of Benefits

Provincial health care (MSP) will be terminated effective the last day of your contract, and other health benefits will be terminated effective the last day of active employment, with the following exceptions.

Complete next section only if termination is due to: D - Illness/injury or F - Maternity or P - Parental

If the reason for leaving is D, F or P, the employee may have the option to cancel the benefits.

Does the employee wish to cancel benefits?   Yes   No

Note:
- Your final pension remittance will be submitted to Sun Life within 30 days of your final payroll. Call the payroll department if you need contact information for your Sun Life representative who can assist you with funds management.
- An employee no longer participating in group benefits might have individual extended health plan options available, for which the employee is fully responsible. For information about converting to an individual plan, contact the payroll department. There are time constraints to convert life insurance without medical evidence.

_____   _____
Employee Signature   Date

_____   _____
Principal Signature   Date