



CATHOLIC DIOCESE  
OF DALLAS

## Employment Termination Notice

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

Name of Parish, School or other entity:		
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
Date of Last Pay check:	<i>*Please allow at least one pay cycle to process</i>
Date Continuation of Benefits form given to departing employee:	
Date HR Director, Diocese of Dallas Notified:	
Date HR Director, Diocese of Dallas Approved:	

Reason for Termination:
Name of Person submitting Termination Notice:

## TRANSFER OF EMPLOYMENT

Location Transferring to:	Effective Date of Transfer:
Comments:	

Business Manager Signature:	Date:
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