



EE TERMINATION FORM

ATTN: HRseparations@cdlex.org

EE Last Name: _____ EE First Name: _____

EE Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ SSN: _____ - _____ - _____

Effective Date of Termination: _____

Position Held: _____

Conditions of Separation: Voluntary or Involuntary

Reason Provided:

- Another Position
- Position Eliminated
- Violation of Company Policy
- Relocation
- Retirement
- Other: _____

Sick Time Balance: _____ hours / days

PTO / Vacation: _____ hours / days

Does this employee have e-mail access that needs to be disabled? Yes or No

Does this employee need to be removed from the MBA mailing list? Yes or No

Location of Employment: _____

Supervisor/Principal: _____

Supervisor/Principal Signature: _____ Date: _____

*NOTE: If the employee is transferring to another location within the Diocese, please do **NOT** utilize this form and fill out an **EE Status Change Form** found on cdlex.org Human Resources page.



EE TERMINATION FORM

ATTN: HRseparations@cdlex.org

Location Separation Checklist:

- Location Access Key(s)
- EE ID Badge
- Exit Interview Questionnaire Provided
- EE Cell Phone (If Applicable)
- EE Computer/Laptop/Tablet (If Applicable)
- Location Credit Card (If Applicable)
- Other:

Supervisor/Principal Initial: _____ Date: _____

Diocesan Separation Checklist:

- E-mail Disable
- MBA Removal
- Benefits Cashout
- Paychex
- Benetrac
- MAS 90
- EE File Removal