

# Diocese of Lexington

## Payroll Office

### Delete / Transfer notice

Parish/School/Institution \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Soc. Sec. No. \_\_\_\_\_

Last Day Worked \_\_\_\_\_  
month day year

Final Pay \_\_\_\_\_ 15th \_\_\_\_\_ 30th  
month month

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Reason the employee is being removed from the payroll at this location (check one):

\_\_\_\_\_ Employee terminating employment

Status Change to (must check one):

\_\_\_\_\_ Deceased

\_\_\_\_\_ Laid Off

\_\_\_\_\_ Resigned

\_\_\_\_\_ Retired

\_\_\_\_\_ Terminated

\_\_\_\_\_ Employee transferring to another location within the Diocese

Transferring to \_\_\_\_\_

\_\_\_\_\_ Other (explain) \_\_\_\_\_

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Comment \_\_\_\_\_  
(Optional)

Signature \_\_\_\_\_  
Pastor or Principal

Date \_\_\_\_\_

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**Mail:** Diocese of Lexington  
Attn: Payroll Office  
1310 West Main St.  
Lexington, KY 40508

**Email:** kmassey@cdlex.org  
**Phone:** (859) 253-1993  
**Fax:** (859) 253-0939