REPORT OF TERMINATION OF EMPLOYMENT

When an employee separates from employment, please complete this form. Give a copy to the employee. Retain original for your office file. Immediately mail copies to:

1) Diocese of Oakland Attn: Insurance and Benefits Dept. 2121 Harrison Street Oakland, CA 94612
2) Diocese of Oakland Attn: Human Resources Dept. 2121 Harrison Street Oakland, CA 94612

Name of Employee_____
Last First Social Security #

Date of Hire:_____ Date of Termination:_____ Last Day Worked:_____

Position:_____ Gross annual salary: $_____

RESIGNATION BY EMPLOYEE:

State Reason: (May attach copy of original letter of resignation.)_____

_____

_____

Signature of employee:_____ Date:_____

REASON FOR TERMINATION OF EMPLOYMENT BY EMPLOYER:
Do Not Use this section (1-4) if employee has resigned.

1) _____ Reduction in work force (Lay off)

2) _____ Termination - No Misconduct

3) _____ Unable to return to work: (explain)

_____

4)* _____ Termination: (Check all that apply) Attach documentation

_____Non-compliance with Diocesan or School policy/regulations

_____Failure to work as scheduled

_____Excessive absence/tardiness

_____Failure to return from leave

** Do not check items in #4 without consulting with the Director of Human Resources*

NOTICE: A TERMINATING EMPLOYEE who reaches AGE 70½ or older MUST complete the Pension Plan Distribution Request Form and **take distribution from his/her account to avoid significant tax penalties**. His/her pension account cannot stay in the Diocese Lay Employees Plan.

_____ _____
Signature of Employee Signature of Principal or Pastor / Administrator

_____ _____
Date copy given to employee School / Parish (circle one) City

Retain original copy for your office files Rev. 5/2021
Mail copy to Insurance and Benefits Department
Mail copy to Human Resources Department