



**DIOCESE OF PENSACOLA-TALLAHASSEE
EMPLOYEE SEPARATION FORM**

Entity Name _____ Entity # _____

Employee Information

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____

City _____ County _____ State _____ Zip _____

SSN _____ Date of Birth _____ Date Hired _____

Termination Date _____ Date of Last Paycheck _____

Starting Rate of Pay _____ Ending Rate of Pay _____

Termination Information

Eligible for Rehire – YES NO Voluntary Involuntary

Reason for Termination:

Other Employment

Personal

Reduction in Force

Relocation

Retirement

Health Related

Terminated – Cause

Terminated – Performance

Other (Unknown)

Transfer to another Payroll Code

Explanation:

Supervisors Signature _____

Date _____

HUMAN RESOURCE USE:

Payroll _____

401K _____

Benefits _____

COBRA _____