

# LAY EMPLOYEES TERMINATION FORM

## DIOCESE OF OGDENSBURG

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Termination \_\_\_\_\_

If Cemetery worker, do you expect him/her to return next summer? \_\_\_\_\_

Please note: The standard contract year for Catholic School teachers is September 1 to August 31, therefore, a teacher who is not returning is employed and entitled to employee benefits until August 31.

Reason for termination \_\_\_\_\_

Please check benefits in which employee is currently enrolled

Lay Employees' Retirement Plan       Health Insurance       Disability Insurance

**IF YOU WISH TO GRANT A LEAVE OF ABSENCE FOR PURPOSES OF THE LAY EMPLOYEES' RETIREMENT PLAN AND/OR HEALTH INSURANCE PLAN, PLEASE CONTACT THE HUMAN RESOURCES OFFICE.**

Name of Employer \_\_\_\_\_ Signature \_\_\_\_\_

Pastor / Principal / Administrator

Location \_\_\_\_\_  
**For Unemployment Insurance purposes,  
please mail/fax an Employment Termination Form to: DeGroot Management Services, PO Box 502,  
Syracuse, NY 13214-0502.**

*Revised 05/08*

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