

**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. Fax#: (315) 434-1915** *Revised 05/08*

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