



## Catholic Diocese of Rockford Employment Termination Checklist

- \_\_\_ Collect any keys or parish/diocesan property issued
  - Manuals, credit cards, tools, uniforms, security access
  - Computer or security passwords
  - Voice mail codes
  
- \_\_\_ Unemployment Compensation Separation Report – All Employees
  - E-mail or FAX completed form to Diocese of Rockford Unemployment Office to [lglenn@rockforddiocese.org](mailto:lglenn@rockforddiocese.org) or fax to 815.399.5657 (regardless of reason for leaving)
  - Original kept in the personnel file
  - IDES Notice
  
- \_\_\_ Payroll Addition, Change, or Termination Form
  - Copy to Payroll Department
  
- \_\_\_ Health Care Plan Extension Request Form
  - Copy to Health Insurance Office (if enrolled in Health Insurance coverage)
  - Original kept in the personnel file
  
- \_\_\_ Notice to Administrator of Participant Leaving Plan Form (Lay Pension Trust)
  - Copy to employee
  - Copy to the personnel file
  - Original to Lay Pension Trust Office
  
- \_\_\_ Exit Interview completed
  
- \_\_\_ Catholic Education Office Employee Separation Form  
(School Contracted Employee Only) to be sent to the Education Office
  
- \_\_\_ Permanent Employee Personnel File
  - All documentation/evaluations from employee personnel file
  
- \_\_\_ Complete the IT Termination Form (if the user has a Diocesan email account or Diocesan network file access)
  - The form can be found on the Diocesan website: [www.rockforddiocese.org/documents](http://www.rockforddiocese.org/documents) under the Human Resources section
  
- \_\_\_ Change Safe Environment role from employee to volunteer in VIRTUS



Accounting & Data  
Processing

## *Diocese of Rockford*

555 Colman Center Dr.  
P.O. Box 7044  
Rockford, IL 61125

(815) 399-4300  
Fax: (815) 399-5657

### MEMO

To: Parishes, High Schools, and Other Agencies

From: Lori Glenn

Date: March 31, 2022

Re: Recent Unemployment Compensation Changes

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Please e-mail or fax a copy of the Unemployment Separation Compensation Report and any resignation letters to the Diocese of Rockford Unemployment Office at [lglenn@rockforddiocese.org](mailto:lglenn@rockforddiocese.org) or 815.399.5657. DO NOT SEND TO SEDGWICK DIRECTLY.

**THIS REPORT IS REQUIRED TO BE FILLED OUT FOR ALL EMPLOYEES THAT LEAVE.**

Sedgwick CMS, the third-party administrator for the Diocese of Rockford unemployment claims, requires additional documentation/information for all unemployment claims filed for our group. If requested, please be prepared to provide answers for the following questions based on the reason for separation (Sections A-F below).

#### **Section A: COVID Related**

If the claimant is on a temporary layoff or seeing a reduction in hours due to COVID19, please provide the following information and any relevant documentation:

- COVID Lack of Work
  - Expected return to work date (if applicable):
- COVID Reduction in Hours
  - How many hours were they working previously?
  - How many are they working now?
  - If still working reduced hours, please provide weekly wages for the past 4 weeks (Sunday through Saturday):

#### **Section B: Discharged/Suspended**

If the claimant was discharged or suspended, please provide the following information and any relevant documentation (copies of prior warnings, witness statements, copy of policy violated, signed acknowledgment of receipt, etc.):

- Reason for discharge:
- Description of final incident:
- Date of final incident resulting in termination:
- Date the claimant was notified of the discharge:
- Name and job title of the person that discharged the claimant:

- How was the claimant notified of the discharge (in-person, by letter, phone, etc.):
- If discharged for poor performance, do you believe the claimant was working to the best of his/her ability?
- If the discharge was due to attendance, provide the date of each occurrence that led to discharge, the type of occurrence for each date (tardy, absent, left early), the reason claimant provided for each occurrence, and whether proper notice was provided for each date.

### **Section C: Quit**

**If the claimant quit, please provide the following information and any documentation:**

- Reason claimant provided for quitting:
- Date claimant gave notice of quitting:
- Claimant's intended last date of work:
- Name and job title of the person the quit notice was given to:
- How the quit notice was provided (in-person, writing, phone):
- Were there changes in the claimants' hiring agreement that contributed to the claimant quitting the job?
- Did the claimant take action to avoid quitting?
- Provide copy of resignation letter if available.

### **Section D: Still Working**

**If the claimant is still employed, please provide the following information and any relevant documentation:**

- Have the employee's hours recently been reduced?
- Who made the request to reduce hours?
- How many hours were he/she working previously and how many are they working now?
- Are you aware of any other circumstances that might cause this employee to file for unemployment benefits (temporary shutdown, time off, loss of other employment, etc.)?
- Has the claimant refused any work? If so, please provide details of the work offered (start date, job title, shift, rate of pay, numbers of hours/week, location, and the reason for refusing the work)

### **Section E: Leave of Absence**

**If the claimant is on a leave of absence, please provide the following information and any relevant documentation:**

- Reason for leave of absence:
- Is it a paid or unpaid leave?
- Start and end date of the leave of absence:
- Expected return to work date:
- Current work restrictions if any:

### **Section F: Reasonable Assurance \*\***

**If the claimant is academic personnel, please provide the following information and any relevant documentation:**

- Please provide a copy of the contract, letter, or board meeting minutes offering reasonable assurance.
- Last date of the most recent school year or term:

- Start date of the upcoming school year or term:
  - The start and end dates of any established and customary seasonal/holiday breaks:
- \*\* (Reasonable assurance** means a written agreement by the employer (school dept., educational agency) that the **employee** will perform services in the same or similar capacity during the ensuing academic year, term, or remainder of a term.)

**If you have any questions, please don't hesitate to contact me.**

Thank you,

Lori Glenn [lglen@rockforddiocese.org](mailto:lglen@rockforddiocese.org)

Fax 815-399-5657

815-399-4300 ext. 343



# Diocese of Rockford

## UNEMPLOYMENT COMPENSATION SEPARATION REPORT

Parish/School/Agency	Employee's Name
Address	Address
City	City/State
Employee's First Day Worked	Soc. Sec. No.      XXX-XX-_____
Last Day Worked	Job/Position
Rate of Pay	Accrued Vacation Paid Upon Separation:      \$      For:      Hrs/Days

### REASON FOR SEPARATION – CHECK PROPER BOX

VOLUNTARY QUIT		DISMISSAL/NON-RENEWAL		OTHER SEPARATION				
01	<input type="checkbox"/>	To seek other employment	17	<input type="checkbox"/>	Failed to return from leave of absence	34	<input type="checkbox"/>	Insubordination
02	<input type="checkbox"/>	To accept other employment	19	<input type="checkbox"/>	No show/no call	38	<input type="checkbox"/>	Cash handling violations
03	<input type="checkbox"/>	To get married	20	<input type="checkbox"/>	Violation of Diocesan Policy/Contract	40	<input type="checkbox"/>	Perm. lack of work/R.I.F.
04	<input type="checkbox"/>	To resume home duties	21	<input type="checkbox"/>	Unexcused absence	41	<input type="checkbox"/>	Lay-Off-Temp lack of work
05	<input type="checkbox"/>	To leave area	22	<input type="checkbox"/>	Excessive tardiness	44	<input type="checkbox"/>	Refusal of recall to work
06	<input type="checkbox"/>	To attend school	23	<input type="checkbox"/>	Unauthorized possession of Parish/School/Agency property	47	<input type="checkbox"/>	Chronic excusable absenteeism
07	<input type="checkbox"/>	Dissatisfied with job	24	<input type="checkbox"/>	Refusal to obey instructions	48	<input type="checkbox"/>	Not qualified
08	<input type="checkbox"/>	For personal reasons	25	<input type="checkbox"/>	Under influence of alcohol or drugs	49	<input type="checkbox"/>	Unsatisfactory work performance
09	<input type="checkbox"/>	Voluntary retirement	26	<input type="checkbox"/>	Deliberate damage to Parish/School/Agency Property	50	<input type="checkbox"/>	Physical inability
10	<input type="checkbox"/>	Lack of transportation	27	<input type="checkbox"/>	Fighting/ Assault	51	<input type="checkbox"/>	Inability to perform duties
11	<input type="checkbox"/>	Physical condition	28	<input type="checkbox"/>	Unprofessional conduct	52	<input type="checkbox"/>	Currently employed full time
12	<input type="checkbox"/>	Pregnancy	29	<input type="checkbox"/>	Falsified records	53	<input type="checkbox"/>	No record of employee
13	<input type="checkbox"/>	On leave of absence	30	<input type="checkbox"/>	Immoral conduct	54	<input type="checkbox"/>	Not last 30 day employer
14	<input type="checkbox"/>	Reason unknown	31	<input type="checkbox"/>	Willful failure to perform duties	56	<input type="checkbox"/>	Currently employed part time
15	<input type="checkbox"/>	Job abandoned-no call	32	<input type="checkbox"/>	Sleeping on the job	57	<input type="checkbox"/>	Summer/Holiday break period
			33	<input type="checkbox"/>	Other reason (specify below)			

### ADDITIONAL COMMENTS (If you have any questions call Accounting 815-399-4300)

Please explain briefly the FINAL INCIDENT that caused separation of employment & send copies of written warnings issued within past year. If more space needed use reverse side.

Report Prepared by	Title
Phone Number	Date

**INSTRUCTIONS:**

- This form **MUST** be e-mailed or faxed **IMMEDIATELY** upon termination of employee to: →

- This form must be filled out whenever ANY employee terminates employment at ANY time for ANY reason.

**Diocese of Rockford  
Unemployment Office  
e-mail: [lglen@rockforddiocese.org](mailto:lglen@rockforddiocese.org)  
Fax: 815.399.5657**



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# What Every Worker Should Know About Unemployment Insurance

## Notice to Employers

When workers are laid off for a period of seven days or more or are separated from the payroll for any reason, employers are required to provide them with a copy of this publication. If it is not practical to provide copies at the work site, the publication should be mailed to employees' last known address within five calendar days of separation. Enter the firm's name and address in the space below:

The Illinois Department of Employment Security (IDES) administers the unemployment insurance program for the State of Illinois. You are entitled to unemployment insurance benefits while you are unemployed if you meet the legal requirements. Benefits are financed by employer payroll taxes – not by any deductions from your wages.

### Who Qualifies for Unemployment Insurance?

1. To qualify, you must have earned at least \$1,600 during a recent 12-month period (known as the base period) and you must have earned at least \$440 outside of the base period quarter in which your earnings were the highest. If you do not qualify under the standard base period, IDES may use the most recent four completed quarters as an alternate base period.

<i>If your Benefit Year begins:</i>	<i>Your Base Period will be:</i>	<i>Your Alternate Base Period will be:</i>
<i>This Year Between: Jan. 1 and March 31</i>	<i>Last Year Between: Jan. 1 and Sept. 30 and the year before between Oct. 1 and Dec. 31</i>	<i>Last year between: Jan. 1 and Dec. 31</i>
<i>This Year Between: April 1 and June 30</i>	<i>Last Year Between: Jan. 1 and Dec. 31</i>	<i>Last year between: April 1 and Dec. 31 and this year between Jan. 1 and Mar. 31</i>
<i>This Year Between: July 1 and Sept. 30</i>	<i>Last Year Between: April 1 and Dec. 31 and this year between Jan. 1 and March 31</i>	<i>Last year between: July 1 and Dec. 31 and this year between Jan. 1 and June 30</i>
<i>This Year Between: Oct. 1 and Dec. 31</i>	<i>Last Year Between: July 1 and Dec. 31 and this year between Jan. 1 and June 30</i>	<i>Last year between: Oct. 1 and Dec. 31 and this year between Jan. 1 and Sept. 30</i>

*If you have been awarded temporary total disability benefits under a workers' compensation act or other similar acts, or if you only have worked within the last few months, your base period may be determined differently.*

2. Your employer must be subject to the State's unemployment insurance law. Among the types of work not covered are certain agricultural, domestic, railroad and government work, and certain work done for one's family and on commission.
3. You must either be entirely out of work or be working less than full-time because full time work is not available. Your earnings must fall below a certain threshold determined at the time you file your claim.
4. Your unemployment must be involuntary. You may be disqualified if you:
  - a. quit your job voluntarily without good cause attributable to your employer;
  - b. were discharged for misconduct in connection with your work;
  - c. were discharged for a felony or theft in connection with your work; or
  - d. are out of work because of a labor dispute.

5. You must be able and available to work. Benefits are not paid for any period in which you are on vacation, when your principle occupation is that of a student (you may be eligible if you are attending a training course approved by the IDES Director) or while you engage in any other activity that makes you unavailable for work. Benefits are not paid for any day or days on which you are unable to work because of illness, disability, family responsibilities, lack of transportation, etc.
6. You must be actively seeking work and willing to accept any suitable job offered. You must keep a log of your job search activities in every week for which you claim benefits. If your eligibility is challenged, you may be required to produce that document.

### **Illinois Employment Service Registration Requirement:**

You must complete registration with Illinois Employment Services at [IllinoisJobLink.com](http://IllinoisJobLink.com) before unemployment insurance benefits can be paid. Once completing your registration at [IllinoisJobLink.com](http://IllinoisJobLink.com), you can create a resume and search for work.

### **Information Needed to File for Benefits:**

- Your Social Security Number and Name as it appears on your Social Security card;
- Your Driver License / State ID (this will provide your weight, which is required when filing);
- If claiming your spouse or child as a dependent, the Social Security Number, date of birth and name(s) of dependent(s);
- Name, mailing address, phone number, employment dates, and separation reason for all the employers you worked for in the last 18 months;
  - Wage records (W-2 form, check stubs, etc.) from these employers may be necessary.
- If you worked since Sunday of this week, the gross wages earned this week;
  - You must report all gross wages for any work performed, full or part-time;
  - Gross means the total amount earned before deductions, not “take home pay”, including wages in the form of lodging, meals, merchandise or any other form;
  - Gross wages must be reported the week in which they are earned, not the week in which you receive the wages;
  - If your gross wages earned in any week are less than your weekly benefit amount, you still may be eligible to receive a full or partial benefit payment);
- Records of any pension payments you are receiving (not including Social Security);
- If you are not a United States citizen, your Alien Registration Information;
- If you are a recently separated veteran, the Member 4 Copy of the DD form 214 / 215;
  - Other copies of the DD Form 214 / 215 are acceptable, but the Member 4 copy is the most commonly available.
- If you are separated from work as a civilian employee of the federal government, copies of your Standard Form 8 and Personnel Action Form 50.



## **When and Where to File:**

File your claim for unemployment insurance benefits during the first week after you have become unemployed. We recommend filing for benefits online at [ides.illinois.gov](http://ides.illinois.gov), or you may file in person at a local IDES office. Check our website for office locations.

Please review the **Unemployment Insurance Benefits Handbook** for additional requirements and more detailed information. This and other publications are available online at [ides.illinois.gov](http://ides.illinois.gov).

If you have additional questions, please call **IDES Claimant Services** at **(800) 244-5631** or **TTY: (866) 488-4016**.

*The law provides jail sentences and fines if you attempt to obtain benefits fraudulently by withholding pertinent information or by making false statements with your claim.*

IDES is an equal opportunity employer and complies with all state and federal nondiscrimination laws in the administration of its programs. Auxiliary aids and services are available upon request to individuals with disabilities. Contact the manager of the IDES office nearest you or the IDES Equal Opportunity Officer at (312) 793-9290 or TTY: (888) 340-1007.

Note: The information contained in this brochure is subject to change at any time. For the latest information, visit the IDES Web site at [www.ides.illinois.gov](http://www.ides.illinois.gov).

**CATHOLIC DIOCESE OF ROCKFORD**  
Payroll Addition, Change, or Termination

Parish/Agency Name \_\_\_\_\_ Employee Addition  → First Day Worked \_\_\_\_\_

Parish/Agency Number \_\_\_\_\_ Employee Change  → Pay Date Effective \_\_\_\_\_

Employee Termination  → Last Day Worked \_\_\_\_\_

Employee Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee File Number \_\_\_\_\_

Employee Name \_\_\_\_\_  
Last, First, Middle Initial (MUST agree with Social Security card)

Date of Birth \_\_\_\_\_

Employee Address \_\_\_\_\_

Male  Female

City, State, Zip + 4 \_\_\_\_\_

Full  or Part-time

**GENERAL LEDGER DISTRIBUTION:**

Dept.	Account #	Per Cent
_____	_____	_____
_____	_____	_____

**JOB TITLE**

\_\_\_\_\_

**PAY & TAX INFORMATION:**

Pay Type:

\*\*  Hourly \$\_\_\_\_\_ per hour/day  
per day rate based on \_\_\_\_\_ hours\*

\*\*  Salary \$\_\_\_\_\_ per pay  
based on \_\_\_\_\_ hours per week\*

Pay Frequency:  
Weekly   
Bi-Weekly   
Semi-Monthly   
Monthly

Federal & State Withholding: **Please Submit W-4 Forms**

State Name \_\_\_\_\_ (If other than Illinois)

Other Locations Working/Worked in the Diocese:

\_\_\_\_\_  
\_\_\_\_\_

Annual salary per year or contract year \$ \_\_\_\_\_, paid over \_\_\_\_\_ pay periods, based on \_\_\_\_\_ hours per week. \*

**DEDUCTIONS FROM PAY:**

Description	Amount per pay	or	Per Cent	Limit	Pre-Tax
_____	\$ _____		_____	\$ _____	<input type="checkbox"/>
_____	\$ _____		_____	\$ _____	<input type="checkbox"/>

**Authorization to hire obtained from Bishop**

**\*The hours worked per week are mandatory for salaried employees.**

**\*\*All pay rate changes must be approved.** → → →

**\*\*Approved By:** \_\_\_\_\_



Health Insurance

# Diocese of Rockford

555 Colman Center Dr.  
P.O. Box 7044  
Rockford, IL 61125

(815) 399-4300  
Fax: (815) 997-5225

## Health Care Plan Extension Request (This Form Expires June 30, 2025)

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

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

\_\_\_\_\_  
Employing Unit Name/ #

\_\_\_\_\_  
City

\_\_\_\_\_  
Last, Full-Time Day Worked

Teacher: Y  N

I hereby request an extension of coverage under the Diocese of Rockford Health Care Plan beginning \_\_\_\_\_ and ending \_\_\_\_\_ (a maximum of three months). I understand that I am responsible to my former employer for the full payment of premiums as indicated below prior to each month for which I request coverage, and that failure to make payment will terminate my coverage immediately. This three-month period allows time for me, the employee, to obtain other health insurance coverage.

The Life Insurance benefit is portable or convertible to an individual policy. Contact the health insurance office for details. You and your dependents must apply for individual life insurance under this life conversion privilege and pay the first premium within 31 days after the date your employment terminates.

I am transferring to another Diocesan entity. New Location (if known): \_\_\_\_\_

I elect **not** to continue health care coverage. I understand this decision is irrevocable.

I am retiring with at least 30 years full-time service with the Diocese of Rockford and am at least age 62.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Supervisor's Signature

\_\_\_\_\_  
Date

Rates are subject to change without prior notice. Current rates are as follows:

Type of Coverage	Monthly Rate
Individual Coverage	\$ 1,000 per month
Ind. & Family Coverage	\$ 1,800 per month

Instructions to employee: After completing and signing this form, give it to your employer.

Instructions to employer: Sign and return to the Diocese via email, fax or mail to:

Diocese of Rockford Health Care Plan, PO Box 7044, Rockford IL 61125  
Notify your bookkeeping department to arrange for premium payments.



**Lay Pension Trust**

# *Diocese of Rockford*

555 Colman Center Drive  
P.O. Box 7044  
Rockford, Illinois 61125

(815) 399-4300  
Fax: (815) 399-5657

## ***Notice to Administrator of Participant Leaving Plan***

Name of Employee Leaving Plan \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date of Termination \_\_\_\_\_

Reason for Leaving Plan:

- Termination of Employment
- Retirement
- Disability
- Death (attach copy of Death Certificate)
- Part time - no longer eligible

Beneficiary(ies) Information:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

*(Form not valid unless signed by employee and employer)*

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

**Please return original to Lay Pension Trust Office at address above**



# Catholic Diocese of Rockford

## EXIT INTERVIEW

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Forwarding Phone: \_\_\_\_\_ Termination Date: \_\_\_\_\_

When you accepted employment with the Diocese of Rockford what was it about the job that interested you? \_\_\_\_\_

If you are leaving for another job:

a. Type of company: \_\_\_\_\_

b. Type of work: \_\_\_\_\_

c. What does this new position offer that the Diocese of Rockford did not: \_\_\_\_\_

Do you feel that your abilities were used to their full potential on the job?

\_\_\_ Almost Always \_\_\_ Usually \_\_\_ Sometimes \_\_\_ Rarely

How was your workload?

\_\_\_ Too busy \_\_\_ Busy \_\_\_ Just right \_\_\_ Not busy enough \_\_\_ Varied

Please rate the following aspects of your employment:

	EXCELLENT	GOOD	FAIR	POOR
Wage/Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training & Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Appraisals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advancement Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain areas that you feel are "fair" or "poor" \_\_\_\_\_

What did you like most about your job at Rockford Diocese? \_\_\_\_\_

What did you like least about your job at Rockford Diocese? \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DIOCESE OF ROCKFORD  
CATHOLIC EDUCATION OFFICE**



**CONTRACTED SCHOOL EMPLOYEE SEPARATION FORM**

NAME \_\_\_\_\_  
Last First Initial Maiden

ADDRESS \_\_\_\_\_  
City Zip

SCHOOL \_\_\_\_\_  
Parish City

GRADE LEVEL \_\_\_\_\_ SUBJECT AREA \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**REASON FOR SEPARATION**

1. Employee has signed contract with another Parish/School: Yes \_\_\_\_\_ No \_\_\_\_\_

If employee is transferring to another Parish/School within the Rockford Diocese please complete the following:

PARISH/SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_

POSITION: \_\_\_\_\_

2. Employee is separating employment for one of the following reasons: (See other side for clarification of terms)

Resignation \_\_\_\_\_ Non-Renewal \_\_\_\_\_ Dismissal \_\_\_\_\_ Position Closed \_\_\_\_\_

EXPLAIN \_\_\_\_\_

Other Information \_\_\_\_\_

Date of Initial Employment \_\_\_\_\_ Date of Separation \_\_\_\_\_

Current Annual Salary \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

ABOVE INFORMATION IS CORRECT TO BEST OF MY KNOWLEDGE

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

CLARIFICATION OF ITEMS ON FORM

Reason for Separation from Employment:

Separation is a general term used to indicate cessation of an employment relationship by either party for any reason.

It is important to indicate in this item the proper and appropriate reason for the separation. Only ONE reason should be indicated.

In space provided on front side, the reason for separation should be supported by short statements of fact.

USE THIS TERM	TO INDICATE:
Resignation	Employee chooses not to return to this position for next contract year.
Dismissal	Employer terminates employment FOR CAUSE during term of contract.
Non-Renewal	Employer decides not to offer contract for next contract year.
Position Closed	Discontinuance of position due to curtailing of services, declining enrollment, merge/consolidation or closing of school.