

**Leave of Absence - Termination - Change Form**

**\*\* MUST be completed and forwarded to Human Resources as soon as event occurs. \*\***

Parishes of the Diocese of Scranton

Parish Name: \_\_\_\_\_ Parish #: \_\_\_\_\_  
Parish Location: \_\_\_\_\_

**Employee Information**

Employee Name: \_\_\_\_\_ Payroll ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_  
Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Position: \_\_\_\_\_  
Scheduled Work Days & Hours: \_\_\_\_\_  
Health Coverage: NO YES  
Retirement Eligible: NO YES

**LEAVE OF ABSENCE** Last Date on Payroll: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

**CHANGE** \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

**TERMINATION/RESIGNATION** Effective Date: \_\_\_\_\_ Last Date on Payroll: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

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