

## Leave of Absence - Termination - Change Form

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

### Diocese of Scranton

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

Parish Location: \_\_\_\_\_

#### **Employee Information**

Name: \_\_\_\_\_ Payroll ID: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Position: \_\_\_\_\_ Hours per week: \_\_\_\_\_

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: \_\_\_\_\_