

## Leave of Absence - Termination - Change Form

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

Holy Cross - Holy Redeemer

School Name: \_\_\_\_\_

School #: \_\_\_\_\_ School Location: \_\_\_\_\_

### Employee Information

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