

TERMINATION/UNEMPLOYMENT WORKSHEET

Name of Employee: _____ Last 4 Digits of SS#: _____

Place of Employment: _____ Position Held: _____

Employee Address: _____ City/State Zip: _____

Reason for Termination (i.e., resignation, reorganization, discharge, etc.):

Do you need a Waiver & Release Agreement prepared? Yes No

Date of Termination: _____ Last Day Paid: _____

Date of Hire: _____ Full-time Part-time DOB: _____

Number of hours worked each week: _____ Hourly Rate of Pay: _____

Annual Salary: _____ Gross Earnings for Last Pay: _____

Severance Pay: 1 week 2 weeks 3 weeks 4 weeks Other _____

Number of Unused Vacation Days on Termination Date: _____
(List Number of Days)

Health Insurance: Yes No Single Family

Dental Insurance: Yes No Single Family

Vision Insurance: Yes No Single Family

Flexible Spending Account (Benny Card): Yes No

Standard Life Insurance (Voluntary): Yes No

401(k) Plan: Yes No

Contesting Unemployment: YES NO

*If contesting unemployment benefits, supporting documentation must be provided to **T&W Employer Services** (e.g., resignation, employer's policies, warnings, disciplinary record, performance issues, etc.).*

Supervisor Signing Letter: _____ Date: _____

Email Address: _____

Contact Telephone Number: _____

PLEASE CHECK:

Information sent to Robert Reid at Archdiocese of Cincinnati rreid@catholicaoc.org

Information sent to Kathy Waites at T&W twemployer@sbcglobal.net