



ARCHDIOCESE OF MIAMI

Office of Catholic Schools

SEPARATION FORM

Name of School Effective Termination Date:

Employee Name Title of last position held:

Last 4 digits of Social Security No.: XXX-XX- Previously employed here or other ADOM entity? Y N

Date of Hire: Salary at hire: Last Day Worked:

Salary at time of separation:

Name and title of immediate supervisor

Details of Separation (Check One)

Voluntary Resignation

- Another job (non-ADOM entity)
- Another job (ADOM entity)
- Retirement
- Work schedule
- Relocation
- Family obligations
- Enrollment in Educational or Vocational Program
- Retirement
- No reason given
- LOA: Did not return
- Enlisted in Armed Forces
- Other (specify below)

Voluntary resignation because of dissatisfaction with:

- Supervisor
- Co-worker(s)
- Working conditions
- Work schedule
- Wages
- Suitable work offered (following change in employee's position)
- Other (specify below)

Involuntary Separation

- Excessive absenteeism
- Unreported absence
- Excessive tardiness
- Unsatisfactory performance
- Refusal to follow instructions
- Violation of policy
- Insubordination
- Working while intoxicated
- Resignation in lieu of discharge
- Involuntary retirement
- Job eliminated or changed
- Lack of work
- Released during introductory period
- Non-renewal of contract (state reasons below)
- Other (specify below)

Note: Voluntary resignation letter should be attached to this form.

Explain reason given above in detail. For example, if involuntary separation was a violation of policy, which policy was violated and under what circumstances? If employee found another job, where and when is the expected start date, if available:

If Voluntary, did employee give required notice? Yes No Letter of resignation attached to this document

Please indicate employee's **eligibility for re-hire** by checking one box, below:

- Yes, this employee is eligible for re-hire at this entity or other entity in Archdiocese.
- No, this employee is not eligible for re-hire in current position or this entity, but could be considered for another position and/or at another entity.
- No, this employee is not eligible for re-hire at this or another ADOM entity unless cleared by Senior Director of Human Resources.

If either "no" is checked, please attach supporting documents.

Supervisor's Signature **Date**

Employee's Signature **Date**

Pastor's Signature **Date**



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The following items have been returned: (Check "N/A" if not applicable)

Credit Card	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Office, classroom keys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Cell phone	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Desk keys	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Laptop computer	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Uniform(s)	<input type="checkbox"/>	N/A	<input type="checkbox"/>
ID badge	<input type="checkbox"/>	N/A	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Gate remote control	<input type="checkbox"/>	N/A	<input type="checkbox"/>				
Alarm code	<input type="checkbox"/>	N/A	<input type="checkbox"/>				

** Eligible for additional pay noted below with " * ", provided required notice given and property returned.*

Compensation due to employee: *(Check all that apply)*

Hours worked	<input type="text"/>	Total hours due	<input type="text"/>	on pay period	<input type="text"/>
Vacation Pay*	<input type="text"/>	Total hours due	<input type="text"/>	on pay period	<input type="text"/>

Bookkeeper / HR Administrator, please initial and indicate name of parties upon notification of this separation:

IT Sys Admin	<input type="checkbox"/>	Notified Name / Date:	<input type="text"/>	/	<input type="text"/>
Payroll	<input type="checkbox"/>	Notified Name / Date:	<input type="text"/>	/	<input type="text"/>
Maintenance / Facilities	<input type="checkbox"/>	Notified Name / Date:	<input type="text"/>	/	<input type="text"/>
ADOM Office of Schools	<input type="checkbox"/>	Notified Name / Date:	<input type="text"/>	/	<input type="text"/>
ADOM Office of Human Resources	<input type="checkbox"/>	Notified Name / Date:	<input type="text"/>	/	<input type="text"/>

Note to Pastor, Principal, Supervisor: In circumstances that MAY warrant a severance agreement and release, the Office of Human Resources MUST be contacted PRIOR to any discussion with the employee regarding conditions of termination or resignation.