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|  | **Roman Catholic Diocese of Phoenix**Catholic Schools OfficeSite Termination of Employment |  |

***This form is to be sent to the Catholic Schools Office whenever a teacher or administrator terminates (or is terminated) employment or is transferring to another school in the diocese.***

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| Name: |  |
| Address: |  |
| School: |  |

1. This employee…

**(PLEASE CHECK THOSE APPLICABLE)**

|  |  |
| --- | --- |
| has resigned |  |
| has been discharged |  |
| will not be offered a contract |  |
| has accepted employment in another Catholic school in the diocese |  |
| has accepted employment in another capacity in the diocese |  |

1. Date of initial employment:

Date of termination of employment:

1. Reason(s) for termination (why? please explain)

1. Would you recommend that this employee be employed in another Catholic school in the Diocese (explain)?

5. If this employee is transferring to another Catholic school in the Diocese, please give name of school and city.

School Name:

1. If this employee is a teacher, for what grade level/subject area is this teacher best qualified?

School official completing this form:

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| --- | --- | --- | --- |
| Signature |  | Date: |  |