



Catholic Diocese of Columbus

NOTICE OF RESIGNATION/SEPARATION

DATE: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

LOCATION: Cathedral Square _____

POSITION TITLE: _____

EFFECTIVE DATE OF SEPARATION: _____

NUMBER OF UNUSED PTO HOURS TO BE PAID *(To be completed by the Director)*: _____

REASON FOR SEPARATION: _____

SIGNATURES

EMPLOYEE: _____

DATE: _____

DIRECTOR: _____

DATE: _____

CHIEF OPERATING OFFICER: _____

DATE: _____

HUMAN RESOURCES: _____

DATE: _____

FOR SUPERVISOR USE ONLY

IS THIS A VOLUNTARY SEPARATION? YES _____ NO _____

IS EMPLOYEE ELIGIBLE FOR REHIRE? YES _____ NO _____

KEEP E-MAIL ACTIVE UNTIL _____ and/or SEND TO _____

KEEP PARKING BADGE ACTIVE UNTIL _____