

OFFICE USE ONLY Completed by: _____ Date: _____

Diocese of Beaumont
IOI Employee (Delete) Request Form

Division Name: _____

Division #: _____

Personal

Name:	
*Address1:	
City, State Zip:	

Phone #:	()
Birthday:	/ /
Soc Sec #:	- -

Termination Date:	/ /
Retirement Date:	/ /
Reason for Termination:	

Date of Last Payroll: _____

(unmark active box) **Annual Salary at Termination Date:** _____

**If terminating employee is moving please provide forwarding address and new phone #, otherwise provide current address and phone #*

Prepared by: _____ (Payroll Administrator)

Date: _____

Authorized Signature: _____ (Pastor, Principal, EV, VG)

Date: _____