

OFFICE USE ONLY

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Diocese of Beaumont**  
*Logos Employee (Delete) Request Form*

Location Name & Number \_\_\_\_\_

Date: \_\_\_\_\_

**Personal**

Name:		Phone #:	( )	Termination Date:	/ /
*Address1:		Birthday:	/ /	Retirement Date:	/ /
City, State Zip:		Soc Sec #:	- -	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 #*

**Authorized Signature:** \_\_\_\_\_

**HR-250-2; Rev 05/10**  
(Pastor, Principal, EV, VG) (7/05)