

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-250-3; Rev 05/10
(Pastor, Principal, EV, VG) (7/05)