Diocese of Shreveport
Catholic Schools Office

Employee Termination Record

School Name: _____ **City:** _____

Employee Name: _____
(Last) (First) (Middle)

Employment History:

Position Held (Level/Subj)	**Hire** (Month/Day/Year)		**Termination** (Month/Day/Year)

Circumstances of Termination *(check one)*:

- ☐ Voluntary Resignation
- ☐ Forced Resignation
- ☐ Termination by Administration

Accumulated Sick Leave: _____ **Earned**: _____ **Used**: _____

Principal's Signature: _____