



EPISCOPAL
DIOCESE of FLORIDA

CLERGY
LAY

EMPLOYMENT TERMINATION FORM

Church Name _____

Employee Name _____

Social Security # _____

Termination Date _____

Last Day Worked _____

Reason for Termination _____

Eligible for Re-Hire? YES NO

Enrolled in CPG Pension? _____ Pension Termination Date _____

Enrolled in CPG? Medical _____
 Life _____
 Disability _____

Medical, Life, Disability
Termination Date (same date for all)

Is Severance being Offered? _____

Terms of Severance _____

Date Severance Begins _____ Date Severance Ends _____

Notes: _____

Authorized signature
*(Email serves as authorized signature)

Date