



# Catholic Diocese of Columbus

## NOTICE OF RESIGNATION FOR LAY SCHOOL EMPLOYEES

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

EFFECTIVE DATE OF RESIGNATION: \_\_\_\_\_

EFFECTIVE LAST PAY DATE: \_\_\_\_\_

REASON FOR RESIGNATION: \_\_\_\_\_

\_\_\_\_\_

### SIGNATURES

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

DATE: \_\_\_\_\_

DIOCESE'S INSURANCE OFFICE : \_\_\_\_\_

DATE: \_\_\_\_\_

FOR SCHOOL USE ONLY

IS THIS A VOLUNTARY RESIGNATION?    YES \_\_\_\_\_    NO \_\_\_\_\_

IS EMPLOYEE ELIGIBLE FOR REHIRE?    YES \_\_\_\_\_    NO \_\_\_\_\_