



Catholic Diocese of Columbus

NOTICE OF RESIGNATION FOR PARISH EMPLOYEES

DATE: _____

EMPLOYEE NAME: _____

PARISH: _____

POSITION TITLE: _____

EFFECTIVE DATE OF RESIGNATION: _____

NUMBER OF UNUSED VACATION DAYS TO BE PAID *(To be completed by the parish)*: _____

REASON FOR RESIGNATION: _____

SIGNATURES

EMPLOYEE: _____

DATE: _____

PARISH ADMINISTRATOR: _____

DATE: _____

PASTOR: _____

DATE: _____

DIOCESE'S INSURANCE OFFICE: _____

DATE: _____

FOR PARISH USE ONLY

IS THIS A VOLUNTARY RESIGNATION? YES _____ NO _____

IS EMPLOYEE ELIGIBLE FOR REHIRE? YES _____ NO _____