

TERMINATION NOTICE TO DIOCESE OF CALIFORNIA

Today's Date: _____ Prepared By: _____

Employing Entity: _____ Parish Code: _____

Employee Name: _____ Last Day Worked: _____

Employee's Current Mailing Address: _____

An employee who is discharged must be paid all of his or her wages, including accrued vacation, immediately at the time of termination. [Labor Code Sections 201 and 227.3](#)) If the final day of work falls on payday you may process final check with regular payroll see option 2 below

Remove Employee from Benefits (employees working 20+ hrs./wk have benefits)

Effective Date for cancellation of employer provided benefits: _____
(coverage continues to the final day of the month indicated. For example Jan 1 or Jan 16 = Jan 31st cancellation of coverage)

We verify that Extension of Benefits & Salary Continuation information was provided to terminating employee on the **date of:** _____

The former employee has 30 days from termination date to apply for Salary Continuation

Remove Employee From Diocesan Payroll

1) To issue a manual check on day of termination contact the payroll office with the total gross pay owed which includes the value of any accrued vacation benefit. We will provide you with the appropriate tax deductions and net pay of the final check you are to issue to employee. Return a copy of the final check you issued with this notice to the Diocesan Payroll Office by fax: 415-673-4863 or email: sarahc@diocal.org

OR if final day of work falls on pay date you may process final check with regular payroll

2) Process final paycheck with regular payroll on this date: _____ **15th** or _____ **30th/31st**

Use the timesheet to indicate any amount of pay to be added (+) or deducted (-) from the final paycheck (ie: salary adjustment, accrued vacation)

OR

3) If the final paycheck has already been issued please specify the last pay date: _____

Signature of Employer: _____

Contact Phone: _____ **Contact Email:** _____

Termination Notice should be returned by fax to 415-673-4863 or email to sarahc@diocal.org
Extension of Benefits & Salary Continuation forms to be given to terminating employee

office use only: MLPS _____ EBDB _____ PR _____