



OFFICE OF CATHOLIC SCHOOLS
DIOCESE OF GARY
9292 BROADWAY
MERRILLVILLE, IN 46410

TERMINATION OF EMPLOYMENT FORM

Date _____

Name _____ **School** _____

Address _____

City

Social Security # XXX-XX-_____ **Phone (**_____**)**_____

Years at this institution _____

Grade(s)/Subject(s) taught _____

Other responsibilities _____

Reason for termination of service _____

Would you be interested in returning to the diocese in the future?_____

Comments_____

Date of Termination _____

Month

Day

Year

Teacher Signature _____