



Office of Human Resources

P.O. Box 9023, Rockville Centre, N.Y. 11571-9023
Tel: 516-678-5800 • Fax: 516-678-9566 • www.drvc.org/hr

SEPARATION FROM EMPLOYMENT REPORT

Employee Name: _____

Job Title: _____

Date of Separation: _____ Dept/Ministry: _____

Reason for Termination: _____

Additional Information:

Building Card Key Building Key Laptop Cell Phone Desk Keys

Other _____ were returned to Employer.

I acknowledge receipt of this Employee Separation from Employment Report and have been informed that I:

- will receive information on how to extend my medical benefits under separate cover from Benefit Resource, Inc.
- may convert my cancer care coverage (if I had such coverage) to an individual policy with AFLAC by contacting a representative at 1-888-514-0981 (option 6).
- may convert my group life insurance to an individual policy with Prudential and have my questions concerning this benefit answered by contacting 1-877-889-2070 and giving Group Policy # 52039.

Employee Signature

Date

Current Address

Manager/HR Rep Signature



THE CATHOLIC DIOCESE OF ROCKVILLE CENTRE

Office of Human Resources

P.O. Box 9023, Rockville Centre, N.Y. 11571-9023
Tel: 516-678-5800 • Fax: 516-678-9566 • www.drvc.org/hr

Exit Interview Comments:

I.T./FACILITIES ADVISED OF TERMINATION VIA E-MAIL PAYROLL NOTIFIED

Is this employee eligible for rehire: Yes No; If no, please explain: _____

Interviewer's Signature: _____

Printed Name: _____

Date: _____