



## Diocese of Palm Beach Employee Data Form Instructions for Terminations

### **Benefits Office – For all employees**

1. Submit all executed Employee Data Forms to the Employee Human Resources Office via fax 561-775-9575 or scan and upload to the employee services folder and notify Gretchen Wood and Sandy Maulden of the upload.
2. Please complete reason for termination, effective date, last day worked, last day paid, last paycheck date, name, address and social security number.

**Benefits Questions** – Contact Sandy Maulden, Benefits Assistant at 561-775-9574 or [smaulden@diocesepb.org](mailto:smaulden@diocesepb.org)

**HR Questions** – Contact Gretchen Wood, HR Coordinator at 561-775-9503 or [gwood@diocesepb.org](mailto:gwood@diocesepb.org)

### **FOR SCHOOLS ONLY:**

#### **Office of Catholic Schools (OCS) – Fax: 561-775-954**

The Employee Data Form (EDF, page 2 of this packet) and Termination of Employment Form (page 3 of this packet) can either be uploaded to the FTP Education Folder or faxed to OCS. Make sure the Termination of Employment Form is completely filled out and signed by your Principal.

**Education Questions** - Contact Louise Galgano, Administrative Assistant OCS, 561-775-9547 or [lgalgano@diocesepb.org](mailto:lgalgano@diocesepb.org)



# Diocese of Palm Beach Employee Data Form

**All Entities:** This form needs to be faxed to the HR Office at 561-775-9575 along with other required documents.  
**Schools:** This form also needs to be faxed to the Office of Catholic Schools at 561-775-9545 along with other required documents.

**Type of Change (Check One):**

- New Hire
- Inactivate Position
- Termination (please select a reason below and enter last day worked, last day paid and last pay date (Final Check).)
- Rehire
- Activate Position
- Resignation (Please include a letter or email)
- Seasonal Employee
- Transfer
- Death
- Change of Data
- Retirement

Last Day Worked: \_\_\_\_\_ Last Day Paid: \_\_\_\_\_ Last Pay Date (Final Check): \_\_\_\_\_

**Family & Medical Leave (FMLA) – Paid Leave**

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

**Family & Medical Leave (FMLA) – Unpaid Leave**

Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_

**Return to Work Date:**

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Entity Number: \_\_\_\_\_ Department Number: \_\_\_\_\_

Transferring To: \_\_\_\_\_ Entity Number: \_\_\_\_\_ Department Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_ Male or \_\_\_ Female Marital Status: \_\_\_\_\_ Single or \_\_\_\_\_ Married

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

10 Month Employee    **OR**     12 Month Employee  
 Non-Instructional Employee    **OR**     Instructional Employee

**FLSA Classification (Please select Non-Exempt OR Exempt)**

<input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Exempt	<input type="checkbox"/> Exempt Musicians	<input type="checkbox"/> Exempt Clergy
<input type="checkbox"/> Hourly Rate	<input type="checkbox"/> Annual Salary	<input type="checkbox"/> Hours worked per week	<input type="checkbox"/> Annual Salary
<input type="checkbox"/> Hours Worked Per Week	<input type="checkbox"/> Hours Worked Per Week	<input type="checkbox"/> Rate per Rehearsal	<input type="checkbox"/> Hrs. Worked Per Week
		<input type="checkbox"/> Rate per Mass	<input type="checkbox"/> Mass Intention Rate
			<input type="checkbox"/> Weekend Mass Rate
			<input type="checkbox"/> Weekday Mass Rate
			<input type="checkbox"/> Stole/Other _____

Pastor/Principal/Administrator Signature: \_\_\_\_\_

Pastor/Principal/Administrator Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*\*\*Pastor/Principal Administrator Signature is **ALWAYS** required except for change of address or telephone number

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Signed: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

**ATTENTION: SCHOOLS MUST FILL OUT THIS SECTION FOR ALL EMPLOYEES**

US Citizen: \_\_\_ Yes \_\_\_ No Gender: \_\_\_ Male \_\_\_ Female Catholic: \_\_\_ Yes \_\_\_ No Laity or Religious: \_\_\_\_\_

Highest Educational Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Years of Instructional/Administrative Work Experience Outside the Diocese of Palm Beach: \_\_\_\_\_

Years of Instructional/Administrative Work Experience Within the Diocese of Palm Beach: \_\_\_\_\_

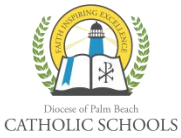
Years of Non-Instructional Work Experience Outside the Diocese of Palm Beach: \_\_\_\_\_

Years of Non-Instructional Work Experience Within the Diocese of Palm Beach: \_\_\_\_\_

Catechist: \_\_\_ Foundation \_\_\_ Level One \_\_\_ Level Two \_\_\_ Level Three \_\_\_\_\_ BA or Masters in Theology/Religious Studies

Background Check Clearance Date: \_\_\_\_\_ Protecting God's Children Workshop Attendance Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_



**DIOCESE OF PALM BEACH**  
**OFFICE OF CATHOLIC SCHOOLS**  
**TERMINATION OF EMPLOYMENT FOR ALL SCHOOL EMPLOYEES**

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**Social Security #** \_\_\_\_\_ **Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_

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**Name of School** \_\_\_\_\_ **Address** \_\_\_\_\_ **City** \_\_\_\_\_

1. **The employee held the position of:** \_\_\_\_\_  
**If teacher, indicate grade & subject:** \_\_\_\_\_

**Has resigned** \_\_\_\_\_  
**Has been discharged** \_\_\_\_\_  
**Transferring to another Diocesan School** \_\_\_\_\_  
**Will not be re-employed** \_\_\_\_\_

2. **Date of initial employment** \_\_\_\_\_ **Date of termination** \_\_\_\_\_

3. **Reasons for termination of employment:** \_\_\_\_\_

4. **Do you recommend re-employment in another Catholic School?** \_\_\_\_\_

5. **Please rate this employee on the following scale:**

<u>Quality</u>	<u>Excellent</u>	<u>Very Good</u>	<u>Average</u>	<u>Poor</u>
Character:	_____	_____	_____	_____
Dependability:	_____	_____	_____	_____
Judgment:	_____	_____	_____	_____
Preparation of Work:	_____	_____	_____	_____
Classroom Management:	_____	_____	_____	_____
Professional Skills:	_____	_____	_____	_____
Relations with Pupils:	_____	_____	_____	_____
Relations with Staff:	_____	_____	_____	_____
Relations with Administrators:	_____	_____	_____	_____
Attendance and Punctuality:	_____	_____	_____	_____

6. **Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Principal's Name** \_\_\_\_\_

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**Principal's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_