

# Catholic Diocese of Peoria – HR Office

## \*\* EMPLOYMENT Termination / Address Change Report \*\*

**CDOP Location Name & City:** \_\_\_\_\_ **CDOP Loc. Number:** \_\_\_\_\_

Employee Name and Current Mailing Address/Phone#	SSN (last 4 digits)	Transferring To:  Loc#/Name	Schlarman Health Fund, NFP					Employment		Benefit Coverage	Paid Through	Unemployment Claim if applicable Dispute Claim or Approve Claim	Reason  Code
	Position Held at Location		Benefits To Terminate					Term Date	Full-time Emp	Part-time Emp	Term Date		Date of final paycheck
<b>Name:</b>	<b>SSN:</b>												
<b>Address:</b> <i>(Text will auto adjust)</i>	XXX-XX- _____												
<b>Phone:</b>	<b>Position</b>							<u>Circle</u> FTE or PTE					

<p style="text-align: center;"><b>Lack of Work</b></p> <p><input type="checkbox"/> No other information</p> <p><input type="checkbox"/> Reduction in force</p> <p><input type="checkbox"/> Job eliminated</p> <p><input type="checkbox"/> Reorganization</p> <p><input type="checkbox"/> End of temporary employment</p> <p><input type="checkbox"/> End of seasonal employment</p> <p><input type="checkbox"/> Project completed</p> <p><input type="checkbox"/> Casual</p> <p><input type="checkbox"/> Partially unemployed reduced hours</p> <p><input type="checkbox"/> On call</p> <p><input type="checkbox"/> Temporary</p> <hr/> <p style="text-align: center;"><b>Not Separated</b></p> <p><input type="checkbox"/> Not separated</p> <p><input type="checkbox"/> Disciplinary lay off</p> <p><input type="checkbox"/> Change in employment</p> <hr/> <p style="text-align: center;"><b>Miscellaneous</b></p> <p><input type="checkbox"/> No information whatsoever</p> <p><input type="checkbox"/> Refusal to work</p> <p><input type="checkbox"/> Change of status</p> <p><input type="checkbox"/> Death</p>	<p style="text-align: center;"><b>Leave of Absence</b></p> <p><input type="checkbox"/> No other information</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Injury - work connected</p> <p><input type="checkbox"/> Injury - not work connected</p> <p><input type="checkbox"/> Family obligations</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>Retirement</b></p> <p><input type="checkbox"/> Retirement</p> <hr/> <p style="text-align: center;"><b>Quit</b></p> <p><input type="checkbox"/> Reason unknown</p> <p><input type="checkbox"/> Abandoned job</p> <p><input type="checkbox"/> Walked off job</p> <p><input type="checkbox"/> Did not return from leave</p> <p><input type="checkbox"/> Did not return from layoff</p> <p><input type="checkbox"/> Personal - not job related</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Marriage</p>	<p style="text-align: center;"><b>Quit</b></p> <p><input type="checkbox"/> Relocate</p> <p><input type="checkbox"/> Family obligations</p> <p><input type="checkbox"/> Unable to obtain babysitter</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Accept another job</p> <p><input type="checkbox"/> Go into own business</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Maternity</p> <p><input type="checkbox"/> Enter military</p> <p><input type="checkbox"/> Dissatisfaction - work hours</p> <p><input type="checkbox"/> Dissatisfaction - salary</p> <p><input type="checkbox"/> Dissatisfaction-working conditions</p> <p><input type="checkbox"/> Dissatisfaction- performance review</p> <p><input type="checkbox"/> Dissatisfaction - supervisor</p> <p><input type="checkbox"/> Dissatisfaction – policies</p> <hr/> <p style="text-align: center;"><b>Discharge</b></p> <p><input type="checkbox"/> Quality of work</p> <p><input type="checkbox"/> Quantity of work</p> <p><input type="checkbox"/> Poor performance</p> <p><input type="checkbox"/> Poor judgment - no misconduct</p> <p><input type="checkbox"/> Reported under influence of alcohol</p>	<p style="text-align: center;"><b>Discharge</b></p> <p><input type="checkbox"/> Reported under influence of drugs</p> <p><input type="checkbox"/> Lack of technical knowledge</p> <p><input type="checkbox"/> No other information</p> <p><input type="checkbox"/> Insubordination</p> <p><input type="checkbox"/> Violation of rules or policies</p> <p><input type="checkbox"/> Violation of safety rules</p> <p><input type="checkbox"/> Destruction of property - willful</p> <p><input type="checkbox"/> Destruction of property - carelessness</p> <p><input type="checkbox"/> Fighting on parish property</p> <p><input type="checkbox"/> Leaving work station</p> <p><input type="checkbox"/> Falsification of employment application</p> <p><input type="checkbox"/> Dishonesty - falsified records</p> <p><input type="checkbox"/> Dishonesty - unauthorized removal of property</p> <p><input type="checkbox"/> Dishonesty - monetary theft</p> <p><input type="checkbox"/> Dishonesty - other</p> <p><input type="checkbox"/> Absenteeism - unreported</p> <p><input type="checkbox"/> Absenteeism - excessive and/or unauthorized</p> <p><input type="checkbox"/> Tardiness</p> <p><input type="checkbox"/> Excessive garnishments</p> <p><input type="checkbox"/> Inability to work - illness</p>
--	--	---	---

**The CDOP-HR Office will mail the Continuation of Benefits (COB) Notification to Terminated Employee.**

\* **Reason Code:** **1.** Termination of Employment **2.** Full-time to Part-time (29 hours or less scheduled per week) **3.** Death of Employee **4.** Termination of Continuation  
**5.** Employee transfer to another Location (Church/School) **6.** Change of Address

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Position)

**Comments:**  
*(Text will auto adjust)*