

**SYNOD OF THE DIOCESE OF NIAGARA**

**TERMINATION FORM**

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Name: \_\_\_\_\_ EE # \_\_\_\_\_

**Payroll Information:**

Parish/Code: \_\_\_\_\_

Position: \_\_\_\_\_

**Termination Information:**

Last Day of Work: \_\_\_\_\_

Reason for Termination/Resignation: \_\_\_\_\_

Outstanding Vacation Monies Owed: \_\_\_\_\_

**Benefit Information:**

- Pension Office Synod/Lay Termination Form
  - Great West Life Termination Form
  - Continuing Education Termination Form
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☐ ROE completed; uploaded and hard copy mailed

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(name and title)

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