

**ARCHDIOCESE OF SAN FRANCISCO  
EMPLOYEE SEPARATION REPORT**

Last Name	First Name	Job Title	Social Security Number
Date Employed	Term. Date	Last Day Worked	Rate of Pay

<b>VOLUNTARY RESIGNATION</b>	<b>GENERAL</b>	<b>DISMISSAL FOR WILFUL MISCONDUCT</b>
<input type="checkbox"/> TO LOOK FOR OTHER EMPLOYMENT <input type="checkbox"/> TO ACCEPT ANOTHER POSITION <i>(JOB READY AND WAITING)</i> <input type="checkbox"/> DISSATISFACTION WITH JOB/SALARY <input type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> MEDICAL/HEALTH REASONS <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> PERSONAL REASONS <i>(SPECIFY)</i> <input type="checkbox"/> ABANDONED POSITION <i>(EXPLAIN)</i> <input type="checkbox"/> FAILED TO RETURN FROM LEAVE OF ABS. <input type="checkbox"/> OTHER VOLUNTARY REASON <i>(EXPLAIN)</i>	<input type="checkbox"/> REDUCTION IN FORCE (PERMANENT) <input type="checkbox"/> TEMPORARY LAYOFF SUBJECT TO RECALL <hr style="width:50%; margin: 5px auto;"/> <input type="checkbox"/> PHYSICAL INCAPACITY OR INABILITY <input type="checkbox"/> UNABLE TO MEET CHANGED JOB REQUIREMENTS  <input type="checkbox"/> UNSATISFACTORY JOB PERFORMANCE <input type="checkbox"/> OTHER <i>(EXPLAIN THOROUGHLY)</i>	<i>GIVE DETAILED EXPLANATION BELOW</i>  <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> REFUSAL TO FOLLOW INSTRUCTION <input type="checkbox"/> ABSENTEEISM/TARDINESS <input type="checkbox"/> INTOXICATION <i>(ALCOHOL/DRUGS)</i> <input type="checkbox"/> VIOLATED ESTABLISHED COMPANY RULE <input type="checkbox"/> DISHONESTY/THEFT <input type="checkbox"/> CONFLICT OF INTEREST <input type="checkbox"/> OTHER MISCONDUCT <i>(SPECIFY)</i>

<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">WAS LEAVE OF ABSENCE REQUESTED?</td> <td style="width:10%; text-align:center;">YES</td> <td style="width:10%; text-align:center;">NO</td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>WAS LEAVE AVAILABLE?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>WAS LEAVE GRANTED?</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table>	WAS LEAVE OF ABSENCE REQUESTED?	YES	NO			<input type="checkbox"/>	<input type="checkbox"/>		WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>		WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>		WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS SEPARATION?  IF YES, PLEASE EXPLAIN: _____  IS EMPLOYEE ELIGIBLE FOR REHIRE:      YES      NO <input type="checkbox"/> <input type="checkbox"/>	I wish to voluntarily terminate my employment, effective: _____  I have read, understand and acknowledge receipt of a copy of this document.  <hr style="width:100%;"/> <p align="center">Employee Signature</p> Date: _____  <input type="checkbox"/> Employee refused to sign, copy sent by registered mail <input type="checkbox"/> Employee unavailable for signature, copy mailed  For: _____ <p align="center"><i>School/Church/Agency Name</i></p> <hr style="width:100%;"/> <p align="center"><i>Signature</i></p> <hr style="width:100%;"/> <p align="center"><i>Title or Position</i></p> Date: _____
WAS LEAVE OF ABSENCE REQUESTED?	YES	NO																
	<input type="checkbox"/>	<input type="checkbox"/>																
WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>																
WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>																
<b>GIVE COMPLETE DETAILS REGARDING SEPARATION:</b> <i>(Note: If employee was given the opportunity to resign in lieu of termination, please indicate this as well.)</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <b>NAME OF REPLACEMENT, If already hired:</b> _____																		

ARCHDIOCESE OF SAN FRANCISCO  
EMPLOYEE SEPARATION REPORT

Last Name	First Name	Job Title	Social Security Number
Date Employed	Term. Date	Last Day Worked	Rate of Pay

VOLUNTARY RESIGNATION	GENERAL	DISMISSAL FOR WILFUL MISCONDUCT
<input type="checkbox"/> TO LOOK FOR OTHER EMPLOYMENT <input type="checkbox"/> TO ACCEPT ANOTHER POSITION <i>(JOB READY AND WAITING)</i> <input type="checkbox"/> DISSATISFACTION WITH JOB/SALARY <input type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> MEDICAL/HEALTH REASONS <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> PERSONAL REASONS <i>(SPECIFY)</i> <input type="checkbox"/> ABANDONED POSITION <i>(EXPLAIN)</i> <input type="checkbox"/> FAILED TO RETURN FROM LEAVE OF ABS. <input type="checkbox"/> OTHER VOLUNTARY REASON <i>(EXPLAIN)</i>	<input type="checkbox"/> REDUCTION IN FORCE (PERMANENT) <input type="checkbox"/> TEMPORARY LAYOFF SUBJECT TO RECALL <hr style="width: 50%; margin: 5px auto;"/> <input type="checkbox"/> PHYSICAL INCAPACITY OR INABILITY <input type="checkbox"/> UNABLE TO MEET CHANGED JOB REQUIREMENTS  <input type="checkbox"/> UNSATISFACTORY JOB PERFORMANCE <input type="checkbox"/> OTHER <i>(EXPLAIN THOROUGHLY)</i>	<p><i>GIVE DETAILED EXPLANATION BELOW</i></p> <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> REFUSAL TO FOLLOW INSTRUCTION <input type="checkbox"/> ABSENTEEISM/TARDINESS <input type="checkbox"/> INTOXICATION <i>(ALCOHOL/DRUGS)</i> <input type="checkbox"/> VIOLATED ESTABLISHED COMPANY RULE <input type="checkbox"/> DISHONESTY/THEFT <input type="checkbox"/> CONFLICT OF INTEREST <input type="checkbox"/> OTHER MISCONDUCT <i>(SPECIFY)</i>

<table style="width: 100%;"> <tr> <td style="width: 60%;">WAS LEAVE OF ABSENCE REQUESTED?</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>WAS LEAVE AVAILABLE?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>WAS LEAVE GRANTED?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	WAS LEAVE OF ABSENCE REQUESTED?	YES	NO			<input type="checkbox"/>	<input type="checkbox"/>		WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>		WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>		<p>WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS SEPARATION?</p> <p>IF YES, PLEASE EXPLAIN: _____</p> <p style="text-align: right;">YES    NO</p> <p>IS EMPLOYEE ELIGIBLE FOR REHIRE: <input type="checkbox"/>    <input type="checkbox"/></p>	<p>I wish to voluntarily terminate my employment, effective: _____</p> <p>_____</p> <p>I have read, understand and acknowledge receipt of a copy of this document.</p> <p style="text-align: center;">_____ Employee Signature</p> <p>Date: _____</p> <p><input type="checkbox"/> Employee refused to sign, copy sent by registered mail  <input type="checkbox"/> Employee unavailable for signature, copy mailed</p> <p>For: _____  <i>School/Church/Agency Name</i></p> <p style="text-align: center;">_____ Signature</p> <p style="text-align: center;">_____ Title or Position</p> <p>Date: _____</p>
WAS LEAVE OF ABSENCE REQUESTED?	YES	NO																
	<input type="checkbox"/>	<input type="checkbox"/>																
WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>																
WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>																
<p><b>GIVE COMPLETE DETAILS REGARDING SEPARATION:</b> <i>(Note: If employee was given the opportunity to resign in lieu of termination, please indicate this as well.)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>NAME OF REPLACEMENT, If already hired:</b></p>																		

**ARCHDIOCESE OF SAN FRANCISCO  
EMPLOYEE SEPARATION REPORT**

Last Name	First Name	Job Title	Social Security Number
Date Employed	Term. Date	Last Day Worked	Rate of Pay

VOLUNTARY RESIGNATION	GENERAL	DISMISSAL FOR WILFUL MISCONDUCT
<input type="checkbox"/> TO LOOK FOR OTHER EMPLOYMENT <input type="checkbox"/> TO ACCEPT ANOTHER POSITION <i>(JOB READY AND WAITING)</i> <input type="checkbox"/> DISSATISFACTION WITH JOB/SALARY <input type="checkbox"/> CHANGE IN RESIDENCE <input type="checkbox"/> MEDICAL/HEALTH REASONS <input type="checkbox"/> TO ATTEND SCHOOL <input type="checkbox"/> PERSONAL REASONS ( <i>SPECIFY</i> ) <input type="checkbox"/> ABANDONED POSITION ( <i>EXPLAIN</i> ) <input type="checkbox"/> FAILED TO RETURN FROM LEAVE OF ABS. <input type="checkbox"/> OTHER VOLUNTARY REASON ( <i>EXPLAIN</i> )	<input type="checkbox"/> REDUCTION IN FORCE (PERMANENT) <input type="checkbox"/> TEMPORARY LAYOFF SUBJECT TO RECALL <hr style="width:50%; margin: 5px auto;"/> <input type="checkbox"/> PHYSICAL INCAPACITY OR INABILITY <input type="checkbox"/> UNABLE TO MEET CHANGED JOB REQUIREMENTS  <input type="checkbox"/> UNSATISFACTORY JOB PERFORMANCE <input type="checkbox"/> OTHER ( <i>EXPLAIN THOROUGHLY</i> )	<i>GIVE DETAILED EXPLANATION BELOW</i>  <input type="checkbox"/> INSUBORDINATION <input type="checkbox"/> REFUSAL TO FOLLOW INSTRUCTION <input type="checkbox"/> ABSENTEEISM/TARDINESS <input type="checkbox"/> INTOXICATION ( <i>ALCOHOL/DRUGS</i> ) <input type="checkbox"/> VIOLATED ESTABLISHED COMPANY RULE <input type="checkbox"/> DISHONESTY/THEFT <input type="checkbox"/> CONFLICT OF INTEREST <input type="checkbox"/> OTHER MISCONDUCT ( <i>SPECIFY</i> )

<table style="width:100%;"> <tr> <td>WAS LEAVE OF ABSENCE REQUESTED?</td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>WAS LEAVE AVAILABLE?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>WAS LEAVE GRANTED?</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	WAS LEAVE OF ABSENCE REQUESTED?	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>	WAS ANY PRIOR DISCIPLINARY ACTION RELATED TO THIS SEPARATION?  IF YES, PLEASE EXPLAIN: _____  IS EMPLOYEE ELIGIBLE FOR REHIRE:      YES      NO <input type="checkbox"/> <input type="checkbox"/>	I wish to voluntarily terminate my employment, effective: _____  I have read, understand and acknowledge receipt of a copy of this document.  _____ <p align="center">Employee Signature</p> Date: _____  <input type="checkbox"/> Employee refused to sign, copy sent by registered mail <input type="checkbox"/> Employee unavailable for signature, copy mailed  For: _____ <p align="center"><i>School/Church/Agency Name</i></p> _____ <p align="center"><i>Signature</i></p> _____ <p align="center"><i>Title or Position</i></p> Date: _____
WAS LEAVE OF ABSENCE REQUESTED?	YES	NO												
	<input type="checkbox"/>	<input type="checkbox"/>												
WAS LEAVE AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>												
WAS LEAVE GRANTED?	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GIVE COMPLETE DETAILS REGARDING SEPARATION:</b> <i>(Note: If employee was given the opportunity to resign in lieu of termination, please indicate this as well.)</i>  _____ _____ _____ _____ _____ _____ _____ _____ <b>NAME OF REPLACEMENT, If already hired:</b>														

- Page 1: Office of Human Resources COPY  
*(Send to: 1 Peter Yorke Way,  
San Francisco, CA 94109-6602)*
- Page 2: PARISH COPY / CHANCERY DEPT OR OFFICE COPY
- Page 3 Employee COPY

Note: Send scanned COPY to Claims Administrator only upon request by HR or Equifax (*Attn: Nancy Moore, Equifax Workforce Solutions*)  
*Email: Nancy.Moore@equifax.com*  
*Fax: (877) 866-7813, Tel: 925-603-6933*