

TERMINATION CHECKLIST

Sections

Complete each section as instructed and check mark when complete.
 For W-2 purposes ensure you have their correct address in Paylocity.

INSTRUCTIONS



Place checkmark in box when complete

1	Name _____	<input type="checkbox"/>
	Address _____	
	City, St Zip _____	
	Parish/School _____	
	Termination Date _____	

2	Terminate in Paylocity Payroll	<input type="checkbox"/>	<i>Check When Complete</i>
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3	Terminate in RETA/BAS Insurance Site	<input type="checkbox"/>	<i>Check When Complete</i>
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4	Does Employee Have H.S.A/F.S.A	Yes <input type="checkbox"/>	<i>If you check YES - The Diocese will handle all paperwork associated</i>
		No <input type="checkbox"/>	<i>No Action required</i>

5	Does Employee Have AFLAC	Yes <input type="checkbox"/>	<i>If you check YES - The Diocese will handle all paperwork associated</i>
		No <input type="checkbox"/>	<i>No Action required</i>

6	Does Employee Have Lincoln Life Ins.	Yes <input type="checkbox"/>	<i>Please give Employee a copy of the Conversion and Portability Paperwork</i>
		No <input type="checkbox"/>	<i>No action required</i>

7	Does Employee Have Christian Brothers Retirement?	Yes <input type="checkbox"/>	<i>Terminate Employee after final contribution's check has cleared bank.</i>
		No <input type="checkbox"/>	<i>No action required</i>

8	A Copy of this form MUST be sent to HR @ the Diocese of GFB on all Employees	<input type="checkbox"/>	<i>SEND TO DIOCESE ASAP</i>
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Fax: 406-727-5976
 Email: HR@diocesegfb.org
 Mail: Diocese of Great Falls-Billings
 C/O HR Department
 PO Box 1399
 Great Falls, MT 59403

For Diocese HR Dept use only

Lincoln Life Ins Termination	<input type="checkbox"/>
Sage Billing Cancelled	<input type="checkbox"/>
AFLAC Billing Cancelled	<input type="checkbox"/>
	<input type="checkbox"/>
HR Signature _____	<input type="checkbox"/>