

DIOCESE OF PENSACOLA-TALLAHASSEE
Office of Catholic Schools

Termination of Employment

Whenever a teacher's employment is terminated, whether during the school year or at the end of the term, this form should be completed and mailed to the Department of Catholic Schools, 11 North "B" St., Pensacola, FL 32502-4601.

Last Name	First Name	Middle Initial	S.S.#
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Address	City	State	Zip
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School	City	State
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1. The teacher who has been teaching grade _____ / subject area _____
has resigned _____; has been discharged _____; will not be re-employed _____:
2. Date of initial employment ____/____/____ Date of termination ____/____/____
3. Do you recommend re-employment in another Catholic school? _____
4. For what subject area/grade level is the teacher best qualified? _____
5. Reason for termination: _____

6. Please rate this teacher on the following scale:

Quality	Outstanding	Good	Satisfactory	Unsatisfactory
Character				
Dependability				
Judgment				
Preparation of work				
Classroom management				
Professional skills				
Relations with pupils				
Relations with staff				
Relations with parents				
Relations with administration				

Additional Comments: _____

Prepared by: _____ Title: _____ Date ____/____/____