



**DIocese OF PITTSBURGH
EMPLOYEE SEPARATION FORM
FAX TO OFFICE FOR INSURANCE AND EMPLOYEE BENEFITS WITHIN 48 HOURS
FAX: (412) 456-3050 or Email: benefits@diopitt.org**

Employee Name _____		SOCIAL SECURITY NO.: _____ - _____ - _____	
Job Title: _____	Full time or Part time employee: _____	Employee Status: _____	
State In Which Employed PA	First Day Worked _____	Last Day Worked _____	Hourly Rate of Pay \$ _____
Company Name PA Catholic Conference		Institution _____	
Address _____		City _____	State PA Zip _____
Completed By _____		Phone () _____	Date _____
Client ID # 165105	PA Acct Number _____	Diocese PITTSBURGH	

REASON FOR SEPARATION

<p>*****QUIT*****</p> <p>() 300 - Did not return, no notice/reason given () 325 - Failed to return from leave of absence () 311 - Refused offer of work (explain) () 301 - For other employment () 309 - To enter military () 303 - To relocate () 304 - Personal reasons () 305 - Marriage or domestic obligation () 308 - Personal - to attend school () 312 - Transportation Problem () 306 - Medical reasons () 307 - Dissatisfied with job () 314 - Walked off job () 327 - Quit, Other (explain)</p>	<p>*****DISCHARGE - Must provide details below*****</p> <p>() 207 - Violation of controlled substance policy () 203 - Excessive tardiness (give dates) () 206 - Walked off the job () 202 - Excessive absences (give dates) () 239 - Creating a hostile work environment () 205 - Negligence of job duties and responsibilities () 252 - Misconduct () 204 - Insubordination () 228 - Sleeping on job () 254 - Inability to perform job (not protestable) () 210 - Unauthorized removal of diocesan property () 222 - Violation of safety policies and procedures () 250 - Violation of cash handling procedures () 216 - Falsification of company documents () 265 - Unprofessional Conduct () 200 - Discharge, Other (explain) () 231 - Violation of diocesan policy relating to faith or morals (not protestable as employer will not pursue unemployment claim)</p>	<p>*****LACK OF WORK*****</p> <p>() 135 - Claimant received disqualifying pay (give amount) () 103 - Lack of work () 136 - Temporary lack of work (give return date) () 114 - Job eliminated () 104 - Seasonal employment () 102 - Location closed () 121 - Temporary assignment completed () 116 - Vacation shutdown (give pay & return date)</p> <p>*****MISCELLANEOUS*****</p> <p>() 427 - Transfer to new location () 411 - Disciplinary action - suspension () 482 - Returned to work (give date) () 404 - Refused new job offer or recall (Give specific details of offer) () 456 - Deceased () 8600 - Not available for work (explain) () 439 - No protest per employer () 449 - Independent contractor () 408 - On workers' compensation</p> <p>*****RETIREMENT*****</p> <p>() 400 - Voluntary (if pension, give amount) () 1030 - Disability - job related () 313 - Disability - not job related</p> <p>*****LEAVE OF ABSENCE*****</p> <p>() 422 - Family & Medical Leave Act - 1993 () 406 - Leave of absence (explain) () 423 - Military leave</p>
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REMUNERATION PAID UPON OR AFTER SEPARATION

Holiday Pay \$ _____	Vacation Pay \$ _____
Allocated _____ to _____ Date Paid _____	Allocated _____ to _____ Date Paid _____
Severance Pay \$ _____	Wages in Lieu Of Notice \$ _____
Allocated _____ to _____ Date Paid _____	Allocated _____ to _____ Date Paid _____
Pension \$ _____ Paid: \$ _____ Monthly \$ _____	Financed 50% By Employer

REMARKS (Please provide details as to reason for separation and attach any supporting documentation) _____

- Please fax ANY communications that you receive from the state Unemployment Department, such as claim forms, to the number above.**
- If you receive an unemployment claim form, and have not previously submitted this form to OFS, please fax the claim form as well as a completed EMPLOYEE SEPARATION FORM to the number above.**