



Diocese of Shreveport  
Catholic Schools Office

**Employee Termination Record**

School Name: \_\_\_\_\_ City: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
(Last) (First) (Middle)

**Employment History:**

<b>Position Held</b> (Level/Subj)	<b>Hire</b> (Month/Day/Year)	<b>Termination</b> (Month/Day/Year)

**Circumstances of Termination** *(check one):*

- Voluntary Resignation
- Forced Resignation
- Termination by Administration

**Principal's Signature:** \_\_\_\_\_