Episcopal Diocese of Michigan
Exit Checklist

Between

Congregation: _____

Employee: _____

Please fill out the

1. The last day of employment at the congregation: _____.

2. The last day the employee will be on payroll: _____

3. Benefits Termination Date: Medical_____ Dental_____ Group Life_____

4. Retiring? Yes _____ No_____

5. The congregation Admin has terminated pension and employment classification in CPG?

    ____Yes ____ No

6. Severance? Yes _____ No _____   Severance Amount $: _____

7. Vacation has been used in its entirety. Yes ____   No ____

8. Final Paycheck amount including Vacation pay, sick days, severance, and payroll: $_____

_____   _____
Date   **Employee Signature**

_____   _____
Date   **Administrator Signature**

_____   _____
Date   **Priest Signature**