

Employee ID# _____

MORAVIAN CHURCH IN AMERICA, SOUTHERN PROVINCE

EMPLOYEE TERMINATION FORM

Church or Agency: _____

Employee Name: _____

Address for W-2 _____

_____ City State Zip

Last Day Worked _____ / _____ / _____
MM DD YYYY

INSURANCE COVERAGE AT TIME OF TERMINATION

HEALTH DENTAL LIFE & DISAB AFLAC

Reason for Termination: _____

Eligible for Rehire Yes: _____ No: _____

Comments: _____

Completed Exit Interview (Attached) _____ Exit Interview Waived _____
Emp. Initials Emp. Initials

EMPLOYEES SIGNATURE DATE

AUTHORIZED SIGNATURE DATE

PLEASE COMPLETE AND RETURN THIS FORM WITHIN 3 DAYS OF EMPLOYEE'S LAST DATE OF EMPLOYMENT.