



Office for Catholic Schools Archdiocese of Seattle

Employee Termination

Name _____ SSN# _____
(Last) (First) (Maiden)

Address: _____
(Street) (City State Zip)

Name of School and City: _____

Date of Initial Employment Contract Date _____ Date of Termination: _____

Washington Certification: ☐ Yes ☐ No Type of Certificate _____ Cert. Number: _____

Endorsements: _____

Teaching Assignment(s):

Grade(s)	Position	F.T.E. Full Time Equivalent

Grade level(s) teacher best qualified for: ☐ Primary ☐ Intermediate ☐ Jr. High ☐ High School ☐ Other

Employee's Present Salary: \$ _____ monthly for ____ months. Or \$ _____ annually.

Can you recommend this teacher for re-employment in a Catholic School? ☐ Yes ☐ No

Attendance: ☐ Satisfactory ☐ Unsatisfactory (If unsatisfactory, please explain.)

Comments: Please comment on the employee's strengths and weaknesses in such classifications as character, dependability, judgment, preparation of work, classroom management skills, application of professional skills, professional growth, relations with pupils and parents, health and appearance. (Continue on the back if you need more room.)

Reason for Termination: ☐ Resigned ☐ Retirement ☐ Moving ☐ Family Illness ☐ Personal Health
☐ Maternity ☐ Contract Non-renewed(Explain)

Other: Explain: _____

Is the Assistant Superintendent/Personnel free to discuss the above information with the teacher if the need arises? ☐ Yes ☐ No

Principal's Signature: _____ Date: _____

NOTE: This form must be mailed to the Office for Catholic Schools whenever a teacher leaves your school for any reason. Please send the form at the time of termination. Retain a copy in the teacher's file kept at the school.

For OCS Use Only. Date Received: _____ CSD Staff _____
