



Diocese of Wilmington – Catholic Schools Office

Termination Report

Name: _____

Social Security Number: _____

School: _____

Date Started: _____ Date Terminated: _____

Grade(s) Taught: _____

Subject Area: _____

Full Time or Part Time: _____

Reason for Termination:

_____ Transferring to another school within the Diocese of Wilmington

(Name of School _____)

_____ Other employment (outside of the Diocese of Wilmington)

_____ Change in staffing or program / Reduction of faculty

_____ Retiring

_____ Other (Please explain)

_____ **I verify that the termination date (mm/dd/yyyy) has been entered in PowerSchool.**

Principal's Signature

Date