DIOCESE OF WILMINGTON

Office for Catholic Schools



1626 N. Union Street Wilmington, DE 19806 302-573-3133 • fax 302-573-6945 www.cdow.org

Diocese of Wilmington - Catholic Schools Office

Termination Report

Name:	
School:	
Date Started:	Date Terminated:
Grade(s) Taught:	
Subject Area:	
Full Time or Part Time:	
Reason for Termination:	
Transferring to another schoo	l within the Diocese of Wilmington
(Name of School)
Other employment (outside of	f the Diocese of Wilmington)
Change in staffing or program	/ Reduction of faculty
Retiring	
Other (Please explain)	
I verify that the termination date (1	mm/dd/yyyy) has been entered in PowerSchool.
Principal's Signature	Date