

First United Methodist Church  
Lakeland, Florida  
**EMPLOYEE TERMINATION**

Employee Name: \_\_\_\_\_ Term Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date of Employment: \_\_\_\_\_ Length of Employ: \_\_\_\_\_ (yrs) \_\_\_\_\_ (mos)  
 Address on File: \_\_\_\_\_  
 This termination is:  Voluntary  Involuntary Current Hrly or Daily Rate: \$ \_\_\_\_\_  
 Reason for termination is: \_\_\_\_\_

**HUMAN RESOURCE PERSONNEL TO COMPLETE:**

**Additional Payroll**  **APPLICABLE**  **NOT APPLICABLE**

<u>Rec'd</u>	<u>N/A</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Time worked</b> since last issued regular pay	
		Work: _____ hrs Hol: _____ day	
		\$ _____ + _____ =	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>PTO</b> (# _____ hrs @ ROP at time of accrual <i>(elig only after 5 yrs church employment)</i> )	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Vacation</b> (# hrs _____ hrs @ \$ _____ per hr)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>	_____
<b>Deduct</b>			
<input type="checkbox"/>	<input type="checkbox"/>	Salary Advance owed to FUMC	( _____ ) (minus)
<input type="checkbox"/>	<input type="checkbox"/>	Other monies owed to FUMC (Visa, other expenses pd)	( _____ ) (minus)
<input type="checkbox"/>	<input type="checkbox"/>	Outstanding cash (petty cash, etc)	( _____ ) (minus)
		<b>GROSS AMT. of final pay:</b>	\$ _____

**Security**  **APPLICABLE**  **NOT APPLICABLE**  
 Employee's security alarm code inactivated by: \_\_\_\_\_ Date: \_\_\_\_\_

**IT/Computer Access**  **APPLICABLE**  **NOT APPLICABLE**  
 Employee's IT access inactivated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR TO COMPLETE: (All items checked my be returned prior to receiving final payroll check)**

<u>App</u>	<u>N/A</u>	<u>Rec'd</u>		<u>App</u>	<u>N/A</u>	<u>Rec'd</u>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keys		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sam's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laptop Computer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uniforms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Corp Cards/ Publix, Lowes, BB
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank Credit Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

I understand that my W2 statement will be mailed to the above address and will not be forwarded by the post office if the address is incorrect. I further understand it is my responsibility to inform the Church Administrator, First UMC in writing of any change of address prior to January 15 of the year following termination.

**Agree** **Disagree**

I acknowledge that I have read and understand the information listed above.

I agree that the listed information is accurate and complete. *(If "disagree" note on reverse side)*

I understand that a final paycheck will be issued on and available for pick up on: \_\_\_\_\_

I understand that insurances provided by church will cease coverage: \_\_\_\_\_

I have received a copy of this form.

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pastor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Church Administrator: \_\_\_\_\_ Date: \_\_\_\_\_