



Archdiocese of Agana
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910
 Tel: (671)472-6116
 Fax: (671)477-3519

PARISH

**EMPLOYEE
 PROCESSING OUT
 CHECKLIST**

EMPLOYEE NAME

PARISH NAME **PARISH LOCATION:**

LAST DAY OF EMPLOYMENT **EMP. NO.**

Employee and Supervisor:

Resignation Letter if Applicable / Re-Appointment

Return of Company Asset Form

Final Time Card

Others:

Employee & Accounting:

Accrued Vacation Leave No. of Hours: _____

Employee Advances Amount: \$ _____

Gas Card Balances Amount: \$ _____

Turn In & Cancel of Gas Card Amount: \$ _____

Cobra Insurance (Complete Attached Form)

Verification of Preferred Mailing Address on File (for W-2GU & Others)

Final Check Delivery Preference

_____ Mail when Ready

_____ Hold for Pick-up

_____ Distribute on Final Day

Others

Employee & System Administrator:

User's File Transfer or archive (no AOA files to be deleted)

Restrictions of User Account

Temporary Re-route of Archdiocese Email Account Schedule Deactivation: _____

De-activation of Access Codes Copier, Computers, Office

Agreed that the above information is true and correct.

Employee Signature: _____ Parish Pastor Signature: _____

Accounting Signature: _____ HR Signature: _____

System Admin Signature: _____ Deputy General Signature: _____