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: _____