

Reemployment Assistance Application

Applicant's Name _____

Pastor/Employer _____

Parish or Agency _____

Date of Hire _____

Regular # of hours per week _____

Base pay per week _____

Date of Termination _____

Reason for Termination _____

Under the provisions of the Reemployment Assistance Plan, of the Employee Handbook of the Diocese of Raleigh, I hereby make application for such assistance.

I recognize my obligation to submit to my former employer a Weekly Certification Form by 5 P.M of the Monday immediately following the week covered by the form. I understand that no payments will be paid, if this form is received after this time.

Employee's signature _____ Date _____

Pastor/Employer's signature _____ Date _____

Diocesan Approval

Signature _____ Date _____

Director of Human Resources