



Archdiocese of Washington

TERMINATION REVIEW FORM

Employee Name _____ Date of Employment _____

Job Title _____ Weekly Hours _____

ADW Location _____ Weekly / Hourly Wage _____

Proposed Date of Termination _____

Reason for Termination _____

Documentation of Disciplinary Actions required:

FIRST Warning (written documentation notice of non-performance) attached

SECOND Warning (second notice of non-performance) attached

To your knowledge, does this employee work at any other ADW location yes no?

If yes, what location(s) _____

Termination should not be completed until all three signatures are obtained.

I approve the above employee termination

Employee Supervisor _____ Date _____

Pastor, Principal
or Department Head _____ Date _____

Archdiocese HR Office _____ Date _____

For questions regarding the this form or assistance with the termination of an employee, please contact the Archdiocese of Washington HR Office at (301) 853-4513 or ArchdioceseHR@ADW.org