



DIOCESE OF FORT WAYNE-SOUTH BEND

Archbishop Noll Catholic Center
Business Office
915 South Clinton Street P.O. Box 390
Fort Wayne, Indiana 46801

Authorization for Involuntary Termination

This form is to ensure that, in the event of an involuntary termination, the proper procedures have been followed to ensure compliance with Catholic Mutual's Employment Practices Liability Protection which has been purchased by the Diocese of Fort Wayne-South Bend. Regardless of the Circumstances, completion of this form is mandatory.

Date _____

Before _____ is terminated, I
(Employee Name)

_____ have consulted, in accordance
(Diocesan Supervisor, Pastor, Principal, Etc.)

with diocesan policy and the provisions of the Employment Practices Liability Protection through Catholic Mutual, with either the Diocesan Chief Financial Officer, Diocesan Human Resources Director, Diocesan Superintendent of Catholic Schools, or the Diocesan Attorney. Note: All involuntary terminations in the Catholic Schools must go through the Superintendent of Catholic Schools. Once completed this form should be retained in the employee's personnel file.

Indicate person who gave prior approval

(Authorized Name)