



Archdiocese of
Indianapolis

Terminated Employee Checklist for Parish Business Managers/School Administrators

Employee Name _____ Date of Termination/Transfer/Retirement _____

Job Title _____ Parish/School _____

TASK- Manager/Administrator office	Completion Date
Terminate health insurance/HSA contribution: <ul style="list-style-type: none"> • Complete Anthem Health Insurance Change form (available at www.archindyhr.org/important-forms) • Send completed form to Courtney Mitchell in HR 	
Stop pay by terminating employee in PayCor: <ul style="list-style-type: none"> • Input termination date • Change status to terminated 	
Email benefit summary link to terminating employee http://www.archindyhr.org/career/formerretired-employees/	
Remove employee from access to security system, website, email and phone, if applicable	
Provide dates of last paycheck and vacation pay-out (if applicable)	
Retrieve building key, classroom key, computers and other devices or property belonging to the school or parish, if applicable	
Archive employment/personnel file	

Please sign below and date below, then place this completed form in employee’s local personnel file. Thank you very much for your assistance.

Manager/Administrator Signature _____

Date _____