

Local Staff Employee End-of-Hire Form

In order to maintain current and accurate records, the Michigan Conference of Seventh-day Adventists requires official notice from each church/school of each locally funded employee who chooses to leave or is terminated from employment.

Please complete this form for each and every locally funded employee whose appointment with your School/Church has ended. Send this form via mail, email, or fax (together with the letter of resignation, if appropriate), to:

Michigan Conference of SDA
ATTN: Human Resources Dept.
5801 W. Michigan Ave.
Lansing, MI 48917

Email: lim@misda.org

Fax: (517) 316-1526

Church/School

Name _____

Address _____

City _____

State _____ Zip Code _____

Locally Funded Employee

Name _____

Position _____

Home Address _____

City _____

State _____ Zip Code _____

Details

Last day of work: _____

Is the employee being terminated with cause? Yes _____ No _____

List a brief reason for termination: _____

Have you given the employee notice? Yes _____ No _____ If so, how many days? _____

Was the employee receiving any benefits? Yes _____ No _____ If so, list which benefits _____

If the employee is leaving employment, has the employee given notice? Yes _____ No _____
(Include the letter of resignation if one was given.)

Forwarding address: _____

Personal email: _____

Signature of Authorized Person

Print Name

Position

Date