



**CATHOLIC
DIOCESE *of* RALEIGH**

Reemployment Assistance Application

Applicant's Name

Pastor/Supervisor Name

Parish or Agency

Date of Hire

**Regular number of hours
worked 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 noon on Friday of 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/Authorized signature _____ Date _____

Diocesan Human Resources Approval

Signature _____ Date _____