Locally Funded Employee
End-of-Hire Form

Please complete this form for each locally funded employee whose employment with your church/school has ended. Send this form via mail or email to:

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

Email: jwehrmeyer@misda.org

Name of Locally Funded Employee _____

Church/School _____

Position _____

Last day of work: _____

If moving, please provide the following:

Forwarding Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Is the employee being terminated by the employer? _____. If yes, briefly describe the reason:

_____

_____

Additional Comments: _____

_____	_____	_____	_____
Signature of Authorized Person (Pastor, Principal, Treasurer)	Print Name	Position	Date

(Rev 02/2026)