



NOTICE OF SEPARATION

TEACHING STAFF _____

SUPPORT STAFF _____

SECTION A: TO BE COMPLETED BY EMPLOYEE OR PRINCIPAL/SUPERVISOR

NAME: _____

SCHOOL/OFFICE: _____ POSITION: _____

LAST DAY OF WORK (date): _____

REASON FOR LEAVING/COMMENTS: _____

FORWARDING ADDRESS: _____

CURRENT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYEE'S SIGNATURE

DATE

SECTION B: TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

REASON FOR SEPARATION: Resignation _____ Retirement _____

 Termination _____ Lay-off _____

EMPLOYEE'S LAST SCHEDULED DAY OF WORK (Date): _____

OVERTIME/BANKED TIME BALANCE TO BE PAID OUT: _____ Days

VACATION BALANCE TO BE PAID OUT: _____ Days

RECALL DATE: _____

(The date the employee is scheduled to return to work).

PRINCIPAL/SUPERVISOR

DATE

AREA SUPERINTENDENT

DATE