

**WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT  
EMPLOYEE TERMINATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving (check one):

**VOLUNTARY TERMINATION**

\_\_\_\_\_ Another position with: \_\_\_\_\_  
New employer  
\_\_\_\_\_ Relocating/moving \_\_\_\_\_  
New address (to forward tax information)  
\_\_\_\_\_ Retirement \_\_\_\_\_  
\_\_\_\_\_ Other--please specify: \_\_\_\_\_

**INVOLUNTARY TERMINATION**

\_\_\_\_\_ Position eliminated  
\_\_\_\_\_ Other--please specify: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Last work day: \_\_\_\_\_

Employee signature: \_\_\_\_\_

**ADMINISTRATIVE USE ONLY:**

Board action date: _____	Position posting date _____
Employee eligible for rehire:	_____ Yes _____ No _____ With conditions (specify): _____
Administrator signature: _____	
cc: Superintendent Personnel File Payroll Note: Send all documents in local personnel file to Administrative Assistant to Superintendent	