

Employees that terminate their services with the District or change positions/locations shall obtain clearance from their school site and/or departments as indicated below. Each step of this form must be completed before your final pay warrant can be released.

**Employees are responsible for bringing this form to the appropriate departments listed below.**

## Step 1 | Employee Certification

I acknowledge that I will not receive my final pay warrant until the completion of this form. I understand that any future pay warrants that I may be entitled to will not be direct deposited. To ensure proper receipt of future W2's or other correspondence, my current mailing address is below.

Reason:  Resignation/Retirement/Termination  Leave of Absence/Layoff  Reassignment/Work location change

Employee Name:		Work Location:	
Street Address:		City, State, Zip:	
Personal Email:		Phone Number:	
Signature:		Last Work Day:	

Employee type:  Classified  Certificated  Management/Confidential  SELPA

## Step 2 | Principal and/or Director Certification

I certify and confirm that the above named employee has (check all that apply):

- Completed any necessary records/reports  Turned in gate and/or cabinet key(s)  Turned in laptop (with charger & bag)  
 Turned in iPad  Cell Phone: \_\_\_\_\_  Transfer Google Drive documents

Principal Name:		Principal Signature:		Date:	
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Employees that work under a department (Special Education, RAP, Preschool, Food Service) must obtain the Director's signature.

Director Name:		Director Signature:		Date:	
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## Step 3 | Human Resources Certification

### Certification

I certify and confirm that I have notified the "new hire" email distribution list and the above named employee has:

- Turned in their I.D. Badge  Been informed of retirement account options (CalSTRS, CalPERS, NBS)  
 Been informed of COBRA and life insurance conversion rights (if applicable)  Other: \_\_\_\_\_

HR Rep Name:		HR Rep Signature:		Date:	
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## Step 4 | Payroll Certification

I certify and confirm that the above named employee (check all that apply):

- Was provided a NBS withdraw form  Does not have an outstanding balance due to the District  Other: \_\_\_\_\_

Payroll: upon completion of this form, please return to Human Resources for filing.

Payroll Rep Name:		Payroll Rep Signature:		Date:	
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