



## Separation of Employment

Complete this form only if you are severing all employment with the District. If you want to resign some of your assignment or move from a regular employee to a substitute, please complete the Change of Status Request form.

Employee Name \_\_\_\_\_ Location \_\_\_\_\_

Personal Email \_\_\_\_\_ Position \_\_\_\_\_

**Resignation** of all assignments (base assignment, co-curricular, extra-curricular, etc.).

Effective Date: \_\_\_\_\_

Benefits will terminate at the end of the month in which you resign, i.e.: for an effective date of June 25 benefits will end June 30; for an effective date of August 5, benefits will end August 31.

All resignations:

Will you be working at another public school district in WA state?  Yes  No

If yes, what school district? \_\_\_\_\_ Anticipated start date? \_\_\_\_\_

If retiring:

Are you planning on drawing a pension?  Yes  No

If yes, anticipated start date of pension \_\_\_\_\_

**Sick Leave Hours:** I wish to cashout my sick leave if eligible:  Yes  No.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

-----For Office Use Only-----

HR Admin Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Date \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Payroll