



# Oxnard Union High School District

## EMPLOYEE SEPARATION FORM

Certificated       Classified       Paraeducator       Campus Supervisor

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Site: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Personal Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

I \_\_\_\_\_ hereby render notice of separation  
Employee Name (Please Print)

from my position as: \_\_\_\_\_,

effective \_\_\_\_\_.

Resignation      Effective date: \_\_\_\_\_

Retirement\*      Effective date: \_\_\_\_\_ (Retirement date must be after your last day of work)

Other\*      Effective date: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please indicate your current health insurance coverage(s):

- Anthem HMO       Anthem PPO       Kaiser Permanente HMO
- Delta Dental PPO       VSP       The Hartford       No benefits

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

\_\_\_\_\_