

# ONTARIO-MONTCLAIR SCHOOL DISTRICT

## Human Resources Division

950 West D Street Ontario, CA 91762 (909) 418-6307

### NOTIFICATION OF SEPARATION FROM EMPLOYMENT

TO: HUMAN RESOURCES

DATE: \_\_\_\_\_

FROM EMPLOYEE: \_\_\_\_\_ Phone #: \_\_\_\_\_  
First Name Last Name

POSITION/CLASSIFICATION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

REASON FOR SEPARATION: RETIREMENT  RESIGNATION  TRANSITIONING WITHIN OMSD\*\*

\*MARK ALL THAT APPLY

\*\*PLEASE NOTE: IF TRANSITIONING FROM CLASSIFIED TO CERTIFICATED, POSITION MUST BE RESIGNED.

STATE REASON FOR SEPARATION/TRANSITION: \_\_\_\_\_  
\_\_\_\_\_

LAST DATE OF EMPLOYMENT: \_\_\_\_\_

\*CANNOT BE A WEEKEND DATE AND MUST INCLUDE SUMMER SCHOOL/ESY IF WORKING

RETIREMENT SYSTEM: CalPERS  PARS  CalSTRS

1ST DATE OF RETIREMENT: \_\_\_\_\_

\*CAN BE A WEEKEND DATE / CANNOT MATCH LAST DATE OF EMPLOYMENT

I HEREBY DECLARE THAT ALL DISTRICT PROPERTY, MATERIALS, KEYS, AND RECORDS WILL BE TURNED IN PRIOR TO MY LAST DATE OF EMPLOYMENT. I UNDERSTAND THERE MAY BE A DELAY IN RECEIVING MY FINAL PAY WARRANT UNTIL ALL ABSENCES HAVE BEEN CLEARED AND ALL DISTRICT PROPERTY HAS BEEN RETURNED TO THE APPROPRIATE SITE OR DEPARTMENT.

\_\_\_\_\_  
EMPLOYEE SIGNATURE \*PHYSICAL SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

#### OFFICE USE ONLY:

RECEIVED BY: \_\_\_\_\_  
Human Resources Date

ACCEPTED BY: \_\_\_\_\_  
Superintendent or Designee Date

UPDATE FORM 700 (FOR MANAGEMENT ONLY)