ONTARIO-MONTCLAIR SCHOOL DISTRICT

Human Resources Division

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

NOTIFICATION OF SEPARATION FROM EMPLOYMENT

DATE:_____

FROM EMPLOYEE:_____

First Name **Last Name** **Phone #**

POSITION/CLASSIFICATION:_____ LOCATION:_____

REASON FOR SEPARATION:
**MARK ALL THAT APPLY*

RETIREMENT	**RESIGNATION**	**TRANSITIONING WITHIN OMSD**	**HR USE ONLY**
☐	☐	☐	☐

***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) ☐

Revised 08/2026