

FORM 05

CHICKASHA PUBLIC SCHOOLS • 900 WEST CHOCTAW AVENUE
CHICKASHA • OK • 73018 • (405) 222-6500

EMPLOYEE RESIGNATION/RETIREMENT FORM

If you would like to talk to an Assistant Superintendent or Superintendent before completing this form, please let us know. We will make every effort to arrange a meeting at this time or we will schedule an appointment for you as soon as possible.

Name: _____

Building: (Please select One)

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Basic Education | <input type="checkbox"/> Academy | <input type="checkbox"/> Bill Wallace ECC |
| <input type="checkbox"/> Central Kitchen | <input type="checkbox"/> Central Office | <input type="checkbox"/> Grand Avenue |
| <input type="checkbox"/> High School | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Middle School |
| <input type="checkbox"/> Transportation/Maintenance | | |

Position: _____

Resignation/Retirement Date (Last day to work): ____/____/____

CURRENT INFORMATION:

Address: _____

Phone: (____) _____

Reason for Resignation: (Please Select One)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accepted New Job | <input type="checkbox"/> Relocation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Returning to School | <input type="checkbox"/> Work Conditions | <input type="checkbox"/> Job Dissatisfaction |
| <input type="checkbox"/> Retirement: Years of service: _____ | | |
| <input type="checkbox"/> Other, please explain: _____ | | |

I certify that this resignation is executed by me voluntarily and of my own free will.

Employee's Signature: _____

Date: _____

Form Received by: _____

Date: _____

FORM 06

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EXIT INFORMATION

The employee has been advised that if he/she is a **twelve-month** employee that depending on the effective date of this resignation his/her final check may not be for a full month's compensation. Twelve-month support employees are paid two (2) weeks in-advance every month. If the resignation is received after the monthly payroll is processed, the employee may have received an overage in compensation & will be responsible for reimbursing the district for the overage.

The employee has been advised that he/she will receive his/her final check on the next scheduled payday. The employee is also advised that he/she will need to obtain their final check from their supervisor unless the payroll office has been notified by the employee of other arrangements.

The employee has been advised that he/she may be entitled to continue insurance coverage through COBRA. Please contact the Insurance Coordinator.

The employee has been advised to return all equipment, computers, name tags, tools, uniforms, keys, etc., that are property of Chickasha Public Schools and to check with his/her supervisor for proper procedures.

The employee has been advised that if he/she would like compensation for unused sick leave that he/she must contact the payroll office and inform them of this decision. **Please initial if you want to be paid out for unused sick leave.**

The employee has been advised to notify the payroll office if he/she will be changing his/her address before the school mails his/her W-2 form in January.

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I have read and understand the above information. I understand that it is my responsibility to take any necessary action.

Employee's Signature

Date