

Employment Separation Notice

Employees completely resigning/retiring must complete this form.

Important Information – READ CAREFULLY

- Health benefits will end the last day of the month of your employment separation date
- Your final regular paycheck will be the next available pay cycle on or after your employment separation date
- If retiring, call DRS at 1-800-547-6657 to discuss eligibility and impact to pay and service credit based on your chosen employment separation date. Contact HCA at 1-800-200-1004 to discuss health benefits eligibility through PEBB.

Employee Name: _____ Location(s): _____

Position(s): _____

Mid-Year Separation/12-month Employee Separation This is notification to BISD that I hereby:

(Not completing all identified days in contract/work calendar)

Resign or Retire from employment Separation/Last Day Worked: _____
(Pay/benefits end the last day of the month of your separation/last day worked)

End of School Year Separation This is notification to BISD that I hereby:

- Resign or Retire from employment (Check all that apply, below)
- I will complete all identified days in my contract/work calendar
 - I choose a separation date of June 30, which results in a lump sum payout on June 30/benefits end June 30
 - I choose a separation date of August 31, which results in pay and benefits through August 31
 - If retiring, I will begin collecting monthly pension.
 - If retiring, I will defer collecting monthly pension

Additional Information

Please consider me for rehire as a substitute after my official separation date.

If **resigning**, please check the primary reason(s) for your separation:

- Education Family Needs Health/Medical Personal Promotional Opportunity
 Relocation Other: _____ Moving to another WA school district: _____

My contact information for ALL future correspondence is:

Address: _____ Phone: _____

City, St ZIP: _____ Email: _____

By signing below, I acknowledge and understand the impact to my pay and benefits and that the dates submitted are final and cannot be changed.

Employee Signature: _____ Date: _____

FOR DISTRICT USE ONLY

- Board Report Date: _____ HR Administrator: _____
 Sent to Payroll Building Admin: _____
 Sent to Benefits