

Termination or Exit Report of School Employee

This form shall be completed by the employee's supervisor prior to the exit interview for each employee terminating service with the District. The exiting employee should verify the information and sign the form.

Name _____
First Middle Last Social Security Number

Address _____
Street Address or Post Office Box City State ZIP Code

Job Title _____ Starting Date _____

Job Location _____ Ending Date _____

Ending Salary/Wage _____

Reason for termination/exit: **(To be completed by employee)**

Policy DEC (LOCAL) allows for employees who **retire** from the district with at least **25 years** of continuous service to be reimbursed for up to 60 days of unused local leave. If you believe you are entitled to this benefit, please check the box below.

I believe that I am eligible for reimbursement of unused local leave under policy DEC (LOCAL)

Employee Signature

Date

TO BE COMPLETED BY SUPERVISOR

Nature of termination or exit:

- Resignation
- Non-renewal of contract
- Staff reduction
- Misconduct or other cause
- Other (state briefly) _____

Advance notice provided?

- No
 - Yes
- If yes, how much? _____

Supervisor's Signature

Date