



SEPARATION NOTICE

This shall serve as official notice of my intent to terminate my employment with Sequim School District.

Last First Middle Initial Social Security Number (last 4 digits)

Mailing Address City State Zip

() () Primary Phone Secondary Phone Email Address

Current Job Title Location

My last day of work will be: Date My separation date from the District will be: Date

Certificated Employees: All requests for release before the end of a contracted period are approved only upon finding a suitable replacement.

SEPARATION REASON

- ☐ Transferring to another District ☐ Retirement (Please note important information below*)
☐ To seek other work ☐ To attend school ☐ F/T ☐ P/T
☐ Leaving the area ☐ Other (please specify) _____

IMPORTANT INFORMATION – READ CAREFULLY

*WHEN AN EMPLOYEE ELIGIBLE FOR SEBB BENEFITS SEPARATES FROM EMPLOYMENT **AFTER COMPLETION OF THE EMPLOYEE'S FULL SCHOOL YEAR CONTRACT OBLIGATIONS**, THE SEPARATION DATE WILL BE EFFECTIVE **AUGUST 31ST** UNLESS THE EMPLOYEE TERMINATES THE EMPLOYMENT RELATIONSHIP WITH A SPECIFIC EARLIER DATE—IN WHICH CASE, ELIGIBILITY FOR THE EMPLOYER CONTRIBUTION ENDS THE LAST DAY OF THE MONTH IN WHICH THE SCHOOL EMPLOYEE'S RESIGNATION IS EFFECTIVE.

*WHEN AN EMPLOYEE SEPARATES FROM EMPLOYMENT **PRIOR TO COMPLETION OF THE EMPLOYEE'S FULL SCHOOL YEAR CONTRACT OBLIGATIONS**, THE EMPLOYEE'S PAY, FRONT LOADED LEAVE, AND BENEFITS WILL BE PRORATED, CALCULATED AND ADJUSTED TO ACTUAL EARNED PAY, LEAVE, AND BENEFITS PRIOR TO FINAL PAYMENT.

*IF RETIRING, PLEASE CONTACT DRS AT: 1 (800) 547-6657 TO CONFIRM RETIREMENT ELIGIBILITY AND TO DISCUSS IMPACT TO RETIREMENT PAY AND SERVICE CREDIT BASED ON YOUR SELECTED EMPLOYMENT SEPARATION DATE. FOR INFORMATION ON PLANNING YOUR RETIREMENT DATE, VISIT WWW.DRS.WA.GOV FOR DETAILED INFORMATION. PLEASE CONTACT HCA AT: 1 (800) 200-1004 TO DISCUSS ELIGIBILITY TOWARDS HEALTH BENEFITS THROUGH PEBB.

BECOMING A SUBSTITUTE WITH SEQUIM SCHOOL DISTRICT

Employees who are resigning may immediately become substitutes with SSD. Retirees must be separated from employment for at least 30 days after their effective retirement date from DRS before they can return to work for an educational employer and continue to receive a DRS pension benefit.

I would like to become a substitute with Sequim School District as a:

- ☐ Certificated substitute (valid certificate required) ☐ Clerical/Paraeducator/Custodial substitute

ATTESTATION

My signature below confirms that I am resigning/retiring from my position with Sequim School District.

Employee Signature Date

OFFICE USE ONLY

☐ HR ☐ Payroll ☐ Date to Board: _____



EXIT SURVEY

As indicated in the vision statement of Sequim School District, *our community inspires and prepares each student to thrive*. One of the ways we can act upon that vision is to seek input from you as a departing employee regarding your experience with Sequim Schools. We hope that you will feel free to express yourself honestly and openly as the information you provide on this form is confidential and will not become part of your record.

Employee Name

Position

Department/Worksite

Supervisor

Please Answer the following:

Yes No

When you were hired, did your supervisor explain to you the job you would be doing?

☐ ☐

When you were hired, did your supervisor discuss with you his/her expectations of you?

☐ ☐

Did you receive sufficient training to meet those expectations?

☐ ☐

Did you know how to get the information you needed to have?

☐ ☐

Do you feel your work performance was regularly and fairly evaluated?

☐ ☐

Was your job challenging and rewarding?

☐ ☐

Did you feel welcomed and appreciated?

☐ ☐

Were you satisfied with your salary?

☐ ☐

Were you satisfied with your work schedule?

☐ ☐

Were you satisfied with your benefits (holidays/vacation/leaves/health & welfare)?

☐ ☐

Did your supervisor demonstrate fair and equal treatment to all staff members?

☐ ☐

Did your supervisor resolve complaints/difficulties in a timely fashion?

☐ ☐

Did your supervisor follow policy and procedures?

☐ ☐

Did your supervisor keep you informed of matters important to your job?

☐ ☐

Did your supervisor ask for your feedback and/or input?

☐ ☐

Did your supervisor make instructions and directions clear to you?

☐ ☐

Are you leaving for a better job?

☐ ☐

Do you think the Sequim School District is a good place to work?

☐ ☐



What did you like best about your job?

What did you like least about your job?

If you could make any changes in Sequim School District, what would they be?

Would you recommend working at Sequim School District to a friend? Why or why not?

Do you have any additional comments?

☐ **I would like to discuss my separation with a Human Resources staff member.**

Signature	Date

Thank you for your time and feedback. We appreciate your service to the Sequim School District and wish you all the best!

Forwarding Address (Optional):

Last	First	Middle Initial

Mailing Address	City	State	Zip

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