

Separation of Employment

Instructions: Complete this form if you are separating from a regular or extra assignment position. You may attach a letter if you desire, but it is not required.

Employee Name: _____ Building/Dept: _____

Position(s)/assignment(s): _____

Notification of:

- Retirement**** (effective date: _____)
- Resignation of employment** (effective date: _____)
- Partial Resignation** ~ Hours or FTE: _____ (effective date: _____)
- Resignation from extra assignment only** (i.e., coach, advisor, etc) (effective date: _____)
- Other** _____ (effective date: _____)

Reason for separation:

*Forwarding address: _____

Personal Email: _____ (for official NKSD notifications re: W-2s, etc.)

Employee's Signature Date

Supervisor's Signature Date

****You must contact the Payroll Office, (360)396-3015, regarding your final pay check, forwarding address and any questions regarding continuation of insurance benefits.***

*****Retirees should check in with DRS to determine their most advantageous date of separation.***

FOR HUMAN RESOURCES USE ONLY	
Board Agenda: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of board meeting: _____
_____ HR Authorization	_____ Date

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