ESP (CLASSIFIED) EMPLOYEE
SEPARATION/TRANSFER NOTIFICATION

*An employee cannot be officially separated from the District
until this form has been completed.*

SEPARATION ☐   TRANSFER ☐

EMPLOYEE/SITE INFORMATION

PLEASE COMPLETE YOUR PORTION OF THIS FORM IMMEDIATELY UPON NOTIFICATION OF SEPARATION

EMPLOYEE NAME: _____   EMPLOYEE ID E000 _____

POSITION: _____   POSITION TYPE ☐ PM ☐ RO Other _____

LOCATION/DEPARTMENT: _____   LAST DAY OF EMPLOYMENT: _____

SEPARATION INFORMATION

REASON FOR SEPARATION: _____   EMPLOYEE LETTER PROVIDED: _____

TRANSFER - NAME OF NEW LOCATION/SITE: _____

IF EOP, PLEASE EXPLAIN: _____

EMPLOYEE RETURNED ALL DISTRICT PROPERTY (KEYS, TOOLS, ETC.) ☐YES ☐NO

EMPLOYEE WAS NOT AVAILABLE FOR SIGNATURE. ☐YES ☐NO

Please explain why employee was not available to sign Notification _____

EMPLOYEE SIGNATURE_____   DATE _____

ADMINISTRATOR SIGNATURE_____   DATE _____

LAST PAYCHECK INFORMATION

FINAL PAYCHECK   You should receive your final paycheck the Wednesday following the final pay period worked sent to your current address.

VACATION-UNUSED   If the employee is under the age of 55 AND the vacation payout is less than $1,000.00 - all accrued vacation will be "paid off" as a supplemental check two (2) days after the final paycheck has been issued.
If the employee is over the age of 55 AND the vacation payout is over $1,000.00 - the funds will be remitted to a special pay plan.

SICK LEAVE-UNUSED   You must have been employed 10 years with WCSD to be eligible for a sick leave refund (not to exceed 25% of the total hours accrued). If the employee is over the age of 55 AND the sick leave payout is over $1,000.00 - the funds will be remitted to a special pay plan. These refunds are distributed by October.

RETIREMENT REFUND   In order to receive a refund on your retirement (PERS B plan - Employee/Employer paid only), you must contact PERS at (775) 687-4200.

INSURANCE   If you are receiving insurance benefits, you will receive COBRA information in the mail from Risk Management.

☐ Mail to New Address _____

☐ New Phone _____   Personal Email Address _____

FOR HUMAN RESOURCE USE ONLY

REMIT TO SPECIAL PAY PLAN (SPP)? ☐ Vacation ☐ Sick Leave ☐ Both   SPP INFORMATION SENT DATE _____

VACATION PAY OFF? ☐ YES ☐ NO

DELETE SICK BALANCE? ☐ YES ☐ NO   HIRE DATE _____

INSURANCE ELIGIBILITY? ☐ YES ☐ NO   COMP TIME? ☐ YES ☐ NO

LONGEVITY AMOUNT _____   LONGEVITY DATE _____

HUMAN RESOURCES TECHNICIAN _____   DATE _____

Please forward copy to Employee and Human Resources.