

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

1400 EAST JANS ROAD ♦ THOUSAND OAKS ♦ CA ♦ 91362

PHONE: (805) 497-9511 ♦ FAX: (805) 494-3741

EMAIL: CVUSDHRD@CONEJOURS.ORG

EMPLOYMENT SEPARATION FORM

NOTICE TO: THE CONEJO VALLEY UNIFIED SCHOOL DISTRICT - BOARD OF EDUCATION

I, _____, hereby render notice of separation

Employee Name (Last, First)

from my position as: _____, effective _____ from
Classification/Job Title Last Day in Working Status

department/school site _____

I am taking such action for the following reasons:

- Resignation:** From above listed position only (for employees who may hold multiple assignments, and only separating from a single position).
- From CVUSD entirely (*Must separate entirely from CVUSD in order to be eligible to collect APPLE contributions*)

- Basis for Separation:* Personal Necessity
- Employment Opportunity outside CVUSD
- Commute from home to work
- Other (Specify) _____
- _____
- _____

- Retirement:** (If 55 – 65 yrs, and had worked for the District for 15 years or more, then please check applicable boxes below)
- I am eligible for and requesting District-paid medical benefits.
- I am eligible for and declining District-paid medical benefits.
- I am entitled to 20% sick leave payout in accordance with Article 13.1.5.1 of the CSEA Agreement (for non-CalPERS retirees only).

Below is applicable to Regular Classified employees only. Exempt employees can skip.

I understand that if ***I resign in good standing***, I will be eligible for 39 months of reinstatement rights to my former position afforded to me in accordance with Merit System Rule Article 10.6.

Please check the appropriate boxes below:

- Yes No Place my name on the 39 month reinstatement list.
- Yes No I am interested in substitute/limited-term assignments (***Will remain in active status***)

Employee Signature

Date

NOTE: Employee must route the form to the department/school site administrator/principal, who will forward it to the District Office.

DEPARTMENT REVIEW / APPROVAL

- Yes No The employee is resigning in good standing (i.e., The last performance evaluation is "meets standards" or higher, no pending disciplinary action, etc.)
- Yes No I would recommend the employee for employment in a lower level related classification based on observed job competency in a current assignment.
- Yes No I would recommend the employee for substitute/limited-term assignments and/or exempt assignments with the District following resignation from a regular position.

Comments _____

Principal/Department Administrator Signature

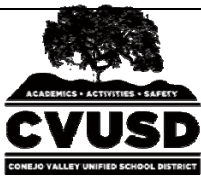
Date

CLASSIFIED PERSONNEL DEPARTMENT USE ONLY

DID THE EMPLOYEE RESIGN/RETIRE IN LIEU OF TERMINATION? YES NO REINSTATEMENT RIGHTS: YES NO

BOARD OF EDUCATION ACTION: _____ DATE _____ CERTIFICATION # _____ VCOE _____

DATE



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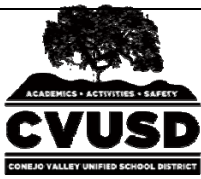
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EMPLOYMENT SEPARATION QUESTIONNAIRE

The information you provide on this form is **CONFIDENTIAL** and will not become part of your personnel file. Your cooperation in answering the following questions in a forthright manner will allow us to evaluate our policies, procedures and program as we constantly try to improve the way we do business. Conejo Valley Unified School District. We encourage you to feel free to express yourself honestly and openly.

Job Classification / Position Title: _____					
1. Which option best describes your length of employment	Less than 6 Months	6 mo to 2 years	2 to 5 years	6 to 14 years	15 or more years
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Please let us know how you felt about pay and benefits of your position:	Excellent	Good	Fair	Poor	No Opinion
Rate of pay per hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Longevity compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of paid vacation days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of paid sick leave days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of medical coverage for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of medical coverage for dependents and/or spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please rate the following in regards to your position and department.	Excellent	Good	Fair	Poor	No Opinion
Job Duties/Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources / Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Rate the following in regards to your supervisor:	Excellent	Good	Fair	Poor	No Opinion
Supervisory Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability / Approachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication – degree to which you felt informed of District policies and procedures and organizational matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you ever experience any of the following while working in your department/school site:	Excellent	Good	Fair	Poor	No Opinion
Favoritism of other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfair treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaliation/threats for filing a grievance or complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reason for separating for CVUSD (if other than retirement)	7. Most important areas of improvement that should be considered: _____ _____ _____				
<input type="checkbox"/> Professional advancement with another employer	8. I would like to be contacted by the Assistant Superintendent, Human Resources to discuss my responses and/or share additional information: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact #: _____				
<input type="checkbox"/> Higher compensation with another employer					
<input type="checkbox"/> Conflict with co-workers					
<input type="checkbox"/> Conflict with supervisor/department head					
<input type="checkbox"/> Lack of medical benefits					
<input type="checkbox"/> Full-time employment elsewhere					
<input type="checkbox"/> Undesirable work shift hours					
<input type="checkbox"/> Length of commute from home to work location					



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Separation of Services Procedures

The employee's immediate supervisor should complete this checklist when an employee is separating service from the District. Initial all applicable areas; write N/A for areas that do not apply to this employee. You may notify the Human Resources Office if an employee fails to turn in necessary keys, equipment and supplies.

Supervisor, please collect the following:

- _____ Letter of retirement or resignation form was sent to and received by Human Resources.
- _____ Verify Absence reports and timesheets completed.
- _____ Key(s) returned _____ door(s) _____ alarm code _____ file/cabinet/desk
- _____ Work order submitted to Information Technology to remove name from email list and phone system, and to reset password for VM, QGIS, Zangle, and other related programs.
- _____ Equipment/supplies turned in (confirm inventory)
(Books, manuals, classroom supplies, library materials)
- _____ Work station/office/classroom cleaned out
- _____ Cell phone returned _____ Laptop and other electronic devices returned

Employee's Signature _____

Supervisor's Signature _____

Please print out this form, sign and return to either Classified or Certificated Human Resources based on employment type.