

CERTIFICATED EMPLOYMENT SEPARATION

Notice to the Conejo Valley Unified School District Board of Education

I, _____ give this written notice that I am voluntarily
Employee Name

Retiring Resigning from my employment at _____
School Site/Grade/Subject/Department

My last day of work will be _____ **If retiring, my STRS retirement date will be** _____
at least 1 day AFTER last day of work

Please send my W-2 to the following address:

Street Address: _____ City _____ State _____ Zip _____

Contact Info for benefit information*: _____
Email *Phone Number(s)*

Per Article 7 of UACT/CVPPA Contracts:

If age 50 - 64* and have 10 years or more of District service, please check applicable box below - OR - I am 65+ and Eligible for Medicare
 I am eligible for and requesting medical benefits at my expense. I am eligible for and declining self-paid medical benefits.

If age 55 - 64* and have 15 years or more of District service, please check applicable box below - OR - I am 65+ and Eligible for Medicare
 I am eligible for and requesting District-paid medical benefits. I am eligible for and declining District-paid medical benefits.

We would appreciate learning about your reaction to some of your experiences gained during your employment at the Conejo Valley Unified School District. 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. *Thank you for your assistance.*

1. How would you rate the following at CVUSD:	Excellent	Above Average	Average	Below Average	Poor
• Immediate Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cooperation within Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequacy of Training Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rate of Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Opportunity for Advancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Avenues of Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Benefits Plans Provided by CVUSD (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of Job Duties/Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of Pay Plan/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explanation of CVUSD Regulations and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What did you like best about your job?					
3. What did you like least about your job?					
4. Which CVUSD policies, procedures, or benefit programs should be improved? How would you improve them?					

Would you like to request an exit interview with the Assistant Superintendent, Human Resources? YES NO

Employee Signature

Date

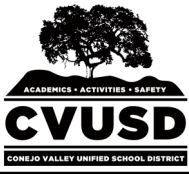
FOR HUMAN RESOURCES ONLY

Date Received in HR / Initials

YES NO
Early Tell Bonus?

BOE Date

Exit Interview Date, if applicable



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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 should 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 Technology Services to remove name from email list and phone system, and to reset password for VM, QSIS, SIRAS, and other related programs.

_____ Equipment/Supplies turned in; confirm inventory of books, manuals, classroom supplies, library materials, etc.

_____ Work Station/Office/Classroom cleaned out

_____ Cell phone returned, if applicable

_____ Laptop and other electronic devices returned

Employee's Signature _____

Supervisor's Signature _____

Please print out this form, sign and return to Certificated Human Resources.