



**CONEJO VALLEY UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT**

750 MITCHELL ROAD ♦ NEWBURY PARK ♦ CA ♦ 91320

PHONE: (805) 498-4557

EMAIL: [CVUSDHRD@CONEJOUSD.ORG](mailto:CVUSDHRD@CONEJOUSD.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 - 64\* years, and have worked for the District for 15 years or more, then please check applicable boxes below. \*Eligibility for Medicare begins at age 65*  
 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, if eligible.  
 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 HUMAN RESOURCES 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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**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.

<b>Job Classification / Position Title:</b> _____					
<b>1. Which option best describes your length of employment</b>	<b>Less than 6 Months</b>	<b>6 months to 2 years</b>	<b>2 to 5 years</b>	<b>6 to 14 years</b>	<b>15 or more years</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Please let us know how you felt about pay and benefits of your position:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>No Opinion</b>
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"/>
<b>3. Please rate the following in regards to your position and department.</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>No Opinion</b>
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"/>
<b>4. Rate the following in regards to your supervisor:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>No Opinion</b>
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, 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"/>
<b>5. Did you ever experience any of the following while working in your department/school site:</b>	<b>Frequently</b>	<b>On Occasion</b>	<b>Rarely</b>	<b>Not at All</b>	<b>No Opinion</b>
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"/>
<b>6. Reason for separating for CVUSD (if other than retirement)</b>	<b>7. Most important areas of improvement that should be considered:</b> _____ _____ _____				
<input type="checkbox"/> Professional advancement with another employer <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					
<b>8. I would like to be contacted by the Assistant Superintendent, Human Resources to discuss my responses and/or share additional information:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
Name: _____					
Contact #: _____					



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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, SIRAS, 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 Classified Human Resources.**