



Port Townsend School District #50

1610 Blaine St ♦ Port Townsend WA 98368 ♦ (360) 680-5755

FAX: (360) 385-3617

EMPLOYMENT SEPARATION PROCESSING

Employee Name <i>First, Middle, Last</i>			
Initial Start Date:		Last Date Worked:	
Position:		Location:	

Type of Separation (check as appropriate)

<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Non-Renewal	<input type="checkbox"/>	End of Temporary Assignment
<input type="checkbox"/>	Resignation	<input type="checkbox"/>	Discharge	<input type="checkbox"/>	Job Abandonment
<input type="checkbox"/>	RIF	<input type="checkbox"/>	Death		
<input type="checkbox"/>	Other (Explain)				

If Separation Type is Resignation, check the appropriate reason(s) below:

<input type="checkbox"/>	Dissatisfied with current benefits	<input type="checkbox"/>	Health-Partial Disability
<input type="checkbox"/>	Dissatisfied with current position	<input type="checkbox"/>	Health-Permanent Disability
<input type="checkbox"/>	Dissatisfied with current wages	<input type="checkbox"/>	Other Job - School System
<input type="checkbox"/>	Dissatisfied with current work load	<input type="checkbox"/>	Other Job - Non School System
<input type="checkbox"/>	Dissatisfied with current working conditions	<input type="checkbox"/>	Personal Reasons
<input type="checkbox"/>	Dissatisfied with opportunities for growth	<input type="checkbox"/>	Relocating
<input type="checkbox"/>	Dissatisfied with supervisor	<input type="checkbox"/>	Returning to college/school
<input type="checkbox"/>	Family Circumstances	<input type="checkbox"/>	Secured better position
<input type="checkbox"/>	Family Matters-Child Rearing	<input type="checkbox"/>	Spouse/Significant Other Relocation
<input type="checkbox"/>	Family Matters-Elder Care	<input type="checkbox"/>	Start a business
<input type="checkbox"/>	Health-Medical	<input type="checkbox"/>	Staying Home
<input type="checkbox"/>	Health-On Job Injury Related	<input type="checkbox"/>	Other:

Have you had any on-the-job injuries during your employment? YES NO (Skip Questions)

	YES	NO	COMMENT
Approximate Date(s)			
Was a worker's compensation claim filed?			
Was the accident reported to your supervisor?			
What parts of the body were injured?			
Are you still receiving medical treatment?			
Have you fully recovered?			
Do you have any partial impairment?			
Do you have any permanent impairment?			
Other Information:			

SEPARATION NOTICE:

Your separation must be accompanied by a written letter to the district. Verify that this letter has been provided: YES NO

If Other Employment, list new employer information for forwarding records:

Employer Name	
Mail Address	
City, State, Zip	
Telephone	
Contact, if known	

If Moving, list your new forwarding contact information. Otherwise, mark Not Applicable.

Mail Address	
City, State, Zip	
Telephone	
Effective Date	

Return of District Property (Check if returned or enter N/A if not applicable)

	Cell Phone		Equipment-Office (projectors, scanners, printers or any other office equipment)
	Credit Card - Any Other		Keys/Access Cards - Building
	Credit Card - Gas		Keys/Access Cards - Equipment or Other
	Credit Card - Procurement		Materials-Supplies (including books or other resource materials) purchased by Port Townsend School District for employee use.
	Credit Card - Proxy		Parking Permits or Tags
	Equipment-Radios or other communication devices		Photo ID
	Equipment-Software purchased by Port Townsend School District for employee use.		Security - Access Code Disabled
	Equipment-Computers: (Computers, Laptop, Portable devices, Cases, Battery, Power Cord, Hard Drives, Portable Drives/Flash Drives, Peripheral Equipment and/or any other related computer equipment)		
	Equipment-Job Tools (Hand or any other tools)		
	Other (List):		
Comments:			

PAYROLL AND BENEFIT INFORMATION (Review with exiting employee)

Employee Name _____

Item	Review Notes
COBRA – Opportunity for continuation of insurance benefits Medical Dental Life Other	
Sick Leave Balance Transfer, if applicable	
Last Pay Warrant Date and Distribution	
Outstanding Time Sheets	
Washington State Department of Retirement Systems Information and/or Notice	
Other	

RELEASE OF RECORDS

By Washington State law, certain employment records can only be disclosed with your permission. Please complete this Release of Records Form.

By checking the items below, I am indicating my approval for the Port Townsend School District to release my employment records to future employers:

<input type="checkbox"/>	Any Requested
<input type="checkbox"/>	No Requested Information
<input type="checkbox"/>	Limited Information as checked below

I only agree to release the following limited information as checked, with the exception that by and in accordance with Washington State Law, Port Townsend is authorized to complete Sexual Misconduct Background Checks submitted to them by another state educational agency.

<input type="checkbox"/>	Name(s) of Position(s) held	<input type="checkbox"/>	Correspondence from my Personnel File
<input type="checkbox"/>	Work Location(s)	<input type="checkbox"/>	Transcripts/Education Records
<input type="checkbox"/>	Dates of Employment	<input type="checkbox"/>	Copies of Certificates/Licenses
<input type="checkbox"/>	Evaluation/Performance Appraisal documents	<input type="checkbox"/>	Verifications of Employment on file from previous employers
<input type="checkbox"/>	References from supervisors or others to future potential employers	<input type="checkbox"/>	References from supervisors or others (all purposes)
<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	Verification of Work Experience with Port Townsend School District
<input type="checkbox"/>	Other (Describe):		

The conditions I have selected above are in effect (check to select)

<input type="checkbox"/>	At all times
<input type="checkbox"/>	At no time
<input type="checkbox"/>	Effective for the following specific dates: From: _____ TO _____

I authorize the Port Townsend District, and its duly authorized representatives, to release information concerning and/or related to my employment with the district as selected above and authorized by my signature below. If Port Townsend District is authorized to provide reference information, I hereby release any individual providing reference or employment information under this authorization, including record custodians, from any and all liability for damages, of whatever kind or nature, that may at any time result to me on account of compliance or any attempts to comply, with this authorization.

PRINT YOUR NAME First, Middle, Last	
SIGN YOUR NAME First, Middle, Last	
Date of Signature	

CONFIDENTIAL EXIT SURVEY

Please complete the following confidential exit survey

No	Question	Response
1	Would you accept employment with Port Townsend School District again? If No, please add comments	
2	What do you see as strengths of the Port Townsend School District?	
3	What do you see as areas of growth for the Port Townsend School District?	
4	What did you like best about your work location and position?	
5	What did you like least about your work location and position?	
6	Were communications from the district office to you as an employee effective in providing you with important and/or helpful information? If not, please describe.	
7	Were your supervisors effective in their roles? If Yes, please describe. If No, please provide information to assist us in addressing any issues.	
8.	Were you provided adequate training to perform the functions of your job, both initially and over time? If Yes, please describe. If No, please provide information to assist us in addressing any issues.	
9.	Were any complaints during your employment resolved in a satisfactory and effective manner? If Yes, please describe. If No, please provide information to assist us in addressing any issues.	

No	Question	Response
10.	Were your wages satisfactory?	
11.	Were your benefits satisfactory?	
12.	Was the employee evaluation process satisfactory? If Yes, describe what was helpful. If No, please provide information to assist us in addressing any issues.	
13.	Are there any specific issues at the work location that we should be aware of and/or anything that should be done differently?	
14.	Are there any specific issues that the Port Townsend School District should be aware of and/or anything that should be done differently?	
15.	What will you take from your employment with Port Townsend School District to benefit you in the future?	
16.	What "words of wisdom" would you leave for the person replacing you ?	
17.	How would you rate the availability of materials, tools, equipment, supplies or other related needs to perform your work satisfactorily?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Needs Improvement
18.	How would you rate the teamwork and spirit at your work location?	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Needs Improvement
19.	How would you rate your overall employment experience with Port Townsend School District.	<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Needs Improvement
20.	Is there any other information you feel would be helpful to us in planning for the future?	

Your Name (Optional): _____

THANK YOU FOR YOUR INPUT!
Please send your completed forms to the Human Resources Office

INTERNAL PROCESSING ONLY

Employee Name _____

HUMAN RESOURCES	
	Written separation letter received and placed into personnel file
	Written separation letter forwarded to payroll
	Exit process scheduled and completed. Date:
	Personnel File prepared for archiving
	Personnel File archived to vault
	Separation process on Board Agenda Date:
	Separation processed in HR Records Database
	Separation processed in WESPAC Database
PAYROLL	
	COBRA notification Date:
	Insurance Benefits
	Final Pay Warrant
	Separation processed in Payroll Database System
	Sick Leave Balance Remains
	Sick Leave Balance Transferred to:
	Sick Leave Balance Transferred Date:
	Vacation Balance Cashed Out:
	File Submit Completed Date: