

# ORANGE UNIFIED SCHOOL DISTRICT

1401 North Handy Street Orange, CA 92867

## NOTICE OF VOLUNTARY SEPARATION

### Section I – TO BE COMPLETED BY EMPLOYEE

Name of Employee (Last, First, Middle):	Employee Identification Number:	Phone Number:
Home Address of Employee (Number, street, apartment, city, state and zip code):		Last physical date worked: (Mo/Day/Yr)
Work location:	Position Title:	<input type="checkbox"/> Permanent <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary or Part time
Would you like to discuss concerns? If "Yes" contact the Human Resources office. <input type="checkbox"/> No <input type="checkbox"/> Yes		Employee regarded employment as: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> NEUTRAL
Please provide a brief explanation of reason for separation.		

**I understand that all District property must be returned to my Supervisor.**

#### SEPARATION CODES

Check one code which best describes your specific reason for separation

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retirement                           | <input type="checkbox"/> Resigned – moving out of state | <input type="checkbox"/> Resigned – immediate family needs |
| <input type="checkbox"/> Resigned – accepted another position | <input type="checkbox"/> Resigned –health reasons       | <input type="checkbox"/> Resigned –extended family needs   |
| <input type="checkbox"/> Resigned –continue education         | <input type="checkbox"/> Resigned –transportation       | <input type="checkbox"/> Resigned-dissatisfied with job    |
| <input type="checkbox"/> Other (Specify)                      |   |  |

Signature of Employee X	Date Signed
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### Section II – TO BE COMPLETED BY IMMEDIATE SUPERVISOR

Print Name of Supervisor	Title	Telephone No. of Supervisor
If employee was not able to complete Section I above, give reasons below, and complete the information as best you can.		
Employee has returned all District Property Yes      No      If "no" notify Human Resources immediately		Separation date if different than last physical day worked (Mo/Day/Yr)
Signature of Supervisor		Date Signed