



Application for Severance Allowance 70 O.S. § 7-203(b)(3)

Please fill out and submit this form with all appropriate documentation to the Finance Division of the State Department of Education by September 1st of the fiscal year immediately following the fiscal year in which the annexation or consolidation occurred.

Date: _____ Home Phone: _____ Cell Phone: _____ Teacher Number: _____

Full Legal Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email address: _____

1. Employment:

- A. Employer: _____ Position: _____
- B. How long have you held this position? _____ Full-time or part-time? _____
- C. What was your base salary for the past year, exclusive of fringe benefits? _____ (Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: _____ Voluntary or mandatory? _____
- E. Were you a working employee of the district on the date listed above? _____ If no, please explain:

- F. If you were a teacher, were you career or probationary? _____
- G. Did you apply for a job with the annexing/receiving district(s)? _____ Were you offered employment? _____
(Please provide documentation from the district(s) of your offer or denial)
- H. If yes, did you accept the position and on what date will you begin work? _____
- I. If no, have you applied for employment with other districts in your area? _____ If yes, where?
_____(Please provide documentation of your efforts to seek employment)

2. Benefits:

- A. Have you applied for unemployment benefits? _____ If yes, were you granted unemployment? _____
- B. When did you apply? _____ When did you or will you begin receiving benefits? _____
- C. How much do you receive in monthly unemployment benefits? _____ (Please include documentation)
- D. Have you applied for or are you receiving any other form of employment assistance (ie. Retirement, Workers Compensation)? _____ What kind? _____
- E. On what date did you begin receiving or will you begin receiving benefits? _____
- F. How much will you be receiving in monthly benefits? _____ (Please include documentation)
- G. Did you apply for severance pay from the annexing/receiving district(s)? _____ When? _____ Were you approved? _____ (Please include documentation of your request and if denied, a copy of your denial)
- H. If approved, how much are you receiving in severance allowance? _____ (Please include documentation)