

FALLBROOK UNION HIGH SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
EMPLOYEE SEPARATION FROM SERVICE FORM

Name _____ Employee I.D. No. _____

Position _____ Certificated Classified Other _____

Forwarding address (if applicable):

Address _____ City _____ State _____ Zip _____

Retirement Letter of Resignation Reason: _____

Other: _____

Last day of Work _____ Termination Effective Date _____

Ending Group/Range/Step _____

Upon request, transfer sick days to new California schools employer:

Site Supervisor/Designee Signature Verifying the Following:

Uniforms Returned Yes No N/A
Tools/Other Equipment Returned Yes No N/A
Personal Belongings Removed Yes No N/A
Instructional Materials Yes No N/A

Keys/Security Returned Yes No N/A
Pagers/Cell Phone(s) Returned Yes No N/A
Parking Pass Returned Yes No N/A
Technology Equipment/Materials Yes No N/A

Business Services Signature Verifying the Following:

Credit Cards Returned Yes No N/A
Final Expense Report Submitted Yes No N/A
Health Insurance Status Discussed Yes No N/A

Last Paycheck Discussed Yes No N/A
PERS/STRS Status Discussed Yes No N/A
3121 Plan Discussed Yes No N/A

Please indicate if you are interested in converting any of the benefits below:

Convert: ___ Life Insurance ___ Voluntary Life ___ Voluntary AD & D

Human Resources Signature Verifying the Following:

Eligible for 39-mo. Reemployment Yes No N/A
EDD-DE 2320 Pamphlet Yes No N/A

Form 700-Leaving Office Signed Yes No N/A
Employee ID Yes No N/A

Health Insurance

Your medical, dental, vision life, and long-term disability insurance will be cancelled as of midnight on the last day of the month in which employment terminated unless all ten tenths payments were made (Sept-June) for the benefit year. If all ten payments were made, coverage will remain effective until August 31. Thereafter, medical and/or dental insurance may be continued as a retiree or through COBRA. You will receive notification of your right to continue coverage as a retiree or under COBRA from the Business Services Department. For COBRA coverage, you must apply for continuation of your coverage within sixty (60) days from the date that you elect coverage and pay all premiums retroactive to the date your regular insurance ended. If you have any questions regarding the continuation of your health insurance benefits, please contact the Benefits Department at (760) 723-6332 ext 6194, 2234 S. Stage Coach Lane, Fallbrook, CA 92028.

PERS/STRS

Upon termination of your employment from the School District you are eligible to receive a distribution of your account balance. Please contact these agencies directly. (PERS) Phone: (888) 225-7377, (STRS) Phone: (800) 228-5453.

3121 Plan

Upon termination of your employment from the School District, you are eligible to receive a distribution of your vested account balance. Please contact the Payroll Department for a Distribution Form, or contact San Diego County Schools Fringe Benefits Consortium at 6401 Linda Vista Road Suite 505, San Diego, CA 92111-7399, Phone: 1-800-560 ext 3816 or (858) 292-3816.

I have received information regarding my benefits, have turned in all District property assigned to me as listed above, have acquired all necessary signatures, and have filled out the attached Exit Survey form.

Signature of Employee _____ Date _____ Signature of Employer Designee _____