

## **Resignation of Instructional Staff**

Employees who resign their position with the district must submit a written letter of resignation to their immediate supervisor or principal, stating the reason for resigning. In addition, the employee must complete the Separation Notice form available in the Personnel Office.

Approved: January 6, 1986

Revised: April 1999

**AUTHORIZATION FOR PERSONNEL ACTION**

This form is a three-part NCR form and must be completed in triplicate.  
This form can be obtained from the main office of each school or building.

**MAPLETON PUBLIC SCHOOLS  
SCHOOL DISTRICT NO.1 ADAMS COUNTY**

**AUTHORIZATION FOR PERSONNEL ACTION**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
1. Last First Middle I.  
Effective Date \_\_\_\_\_

2.	ACTION	<p style="text-align:center;"><u>EMPLOYMENT</u></p> <input type="checkbox"/> New Employee Hired* <input type="checkbox"/> Former Employee Hired*	<p style="text-align:center;"><u>CHANGES</u></p> <input type="checkbox"/> Classification <input type="checkbox"/> Additional Pay or Salary <input type="checkbox"/> Leave of Absence	<p style="text-align:center;"><u>TERMINATIONS</u></p> <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Resignation <input type="checkbox"/> Other _____																			
		REMARKS _____		Date of Action _____																			
3.	CLASSIFICATION	<p style="text-align:center;"><u>PRESENT</u></p> Job Title _____ Perm ___ Temp ___ Dept. _____ Location _____ Days Per Week ___ Hrs. Per Day _____	<p style="text-align:center;"><u>PROPOSED</u></p> Job Title _____ Perm ___ Temp ___ Dept. _____ Location _____ Days Per Week ___ Hrs. Per Day _____																				
4.	SALARY	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">RANGE</th> <th style="width:10%;">STEP</th> <th style="width:15%;">HOURLY</th> <th style="width:15%;">SEMI-MONTHLY</th> <th style="width:15%;">ANNUAL</th> </tr> </thead> <tbody> <tr> <td>PRESENT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PROPOSED</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RANGE	STEP	HOURLY	SEMI-MONTHLY	ANNUAL	PRESENT						PROPOSED					
	RANGE	STEP	HOURLY	SEMI-MONTHLY	ANNUAL																		
PRESENT																							
PROPOSED																							
5.	SUPPLEMENTAL PAY	Type of Service _____ Date Starting _____ Date Ending _____ Total Supplementary Pay _____ First Payment to Start _____ Final Payment _____																					

ADDITIONAL COMMENTS OR CONDITIONS OF EMPLOYMENT:

NEW BUDGET CODE: \_\_\_\_\_

7.	APPROVAL	RECOMMENDED BY: _____	SUP'T OR: _____ DESIGNEE
----	----------	-----------------------	-----------------------------

\*Attach Federal Form W4 (W/H Tax)

THIS FORM IS TO BE USED FOR INITIAL EMPLOYMENT AND ALL CHANGES OF EXISTING EMPLOYEE STATUS.

SEPARATION NOTICE

This form is a three-part NCR form and must be completed in triplicate. This form can be obtained from the main office of each school or building.

COMPANY NAME: STORE # or LOCATION: EMPLOYEE NAME: SS#: JOB TITLE: DATES OF EMPLOYMENT: Start Last PREVIOUS DATES OF EMPLOYMENT: Start Last Start Last WORKING HOURS: A.M./P.M. TO A.M./P.M. WORKING DAYS:

REMUNERATION PAID AFTER SEPARATION: RATE OF PAY: per

Vacation Pay \$ Holiday Pay \$ Pension \$ Dates Allocated: to Dates Allocated: to Finance Wholly By Employer Wages in Lieu of Notice \$ Severance Pay \$ In Part By Employer-Over 50% Dates Allocated: to Dates Allocated: to In Part By Employer-Under 50% VOLUNTARILY QUIT DISCHARGED LACK OF WORK: Is this a temporary layoff? Yes No

WHAT WAS THE FINAL CIRCUMSTANCE LEADING TO SEPARATION

WHAT OTHER CIRCUMSTANCES, IF ANY, WERE TAKEN INTO CONSIDERATION?

PREVIOUS WARNINGS: Written (attach copies) Verbal Date: Date: Date:

EMPLOYEE'S COMMENTS (continue on back):

Employee's Signature Date

Immediate Supervisor's Signature Date

Title:

Phone:

Witness:

Attach supportive documents as applicable (warning notices, application forms, doctor's statements, etc.). This form should be completed immediately at separation time and mailed or faxed with attachments to:

Table with 4 columns: State/Region, Question, Yes, No. Rows include Kentucky, Maine, New Hampshire, Georgia & So. Carolina, Illinois & Virginia, Oklahoma, Missouri, and Colorado.