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 1 OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURED

Date: _____ Phone: ( ) _____ Teacher Number: _____

Full Legal Name: _____ Social Security Number: _____

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

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 (i.e. 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)