



**Oklahoma State Department of Education**  
Financial Services, State Aid Section  
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Oklahoma City, Oklahoma 73105  
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### Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c)

PLEASE FILL OUT AND SUBMIT THIS FORM WITH ALL APPROPRIATE DOCUMENTATION TO THE FINANCIAL SERVICES OF THE STATE DEPARTMENT OF EDUCATION BY SEPTEMBER 1 OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date: \_\_\_\_\_ Phone : (    ) \_\_\_\_\_ Teacher Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

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 annexed or consolidated/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)