



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)