

RYAN WALTERS STATE SUPERINTENDENT of PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT of EDUCATION

MEMORANDUM

TO: The Honorable Members of the State Board of Education

FROM: Ryan Walters

DATE: October 26, 2023

SUBJECT: Request Action on Severance Allowance to Former School Employees

State Board action is being requested by the Financial Services Division of the State Department of Education to pay a one-time severance to the former certified and support employees of district that annexed during FY2023 pursuant to Title 70 O.S. Section 7-203.

Based on applications furnished by former annexed district employees who were not hired for FY2024 or paid a severance by the receiving district when the district annexed, Title 70 O.S. Section 7-203 enables the former employees to seek approval from the State Board of Education for a severance payment from the FY2024 Consolidation Assistance Fund. Approval by the State Board of Education will allow the former school district employees a recommended one-time severance payment.

Recommend Approval of Severance:

Ms. Bates	Teacher	Greenville P.S.	Congressional District 4
Ms. Bell	Bookkeeping/Accounting	Greenville P.S.	Congressional District 4
Ms. Cochran	Secretary	Greenville P.S.	Congressional District 4
Ms. McComber	Resource Teacher	Greenville P.S.	Congressional District 4
Ms. Morgan	Teacher	Greenville P.S.	Congressional District 4
Ms. Price	Teacher	Greenville P.S.	Congressional District 4
Mr. Raper	Superintendent	Greenville P.S.	Congressional District 4
Ms. Reed	Teacher	Greenville P.S.	Congressional District 4
Ms. Sanders	Teacher	Greenville P.S.	Congressional District 4
Ms. Stevens	Teacher	Greenville P.S.	Congressional District 4
Ms. Vinson	Teacher	Greenville P.S.	Congressional District 4

RW/rm Attachments

Title 70 O.S. § 7-203: School Consolidation Assistance Fund – Budget – Allocations and Expenditures

A. There is hereby created in the State Treasury a fund to be designated the "School Consolidation Assistance Fund". The fund shall be a continuing fund, not subject to fiscal year limitations, and shall consist of any monies the Legislature may appropriate or transfer to the fund and any monies contributed for the fund from any other source, public or private.

- B. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the State Board of Education for the purposes established by this section, the Legislature and in accordance with rules promulgated by the State Board of Education. The purposes shall be to provide:
- 1. Voluntarily or mandatorily consolidated school districts or districts who have received part or all of the territory and part or all of the students of a school district dissolved by voluntary or mandatory annexation, during the first year of consolidation or annexation with a single one-year allocation of funds needed for:
- a. purchase of uniform textbooks in cases where the several districts were not using the same textbooks prior to consolidation or annexation,
- b. employment of certified personnel required to teach courses of the district for which personnel from the districts consolidated or annexed are not certified and available,
- c. employment assistance for personnel of the several districts who are not employed by the consolidated or annexing district. Employment assistance may include provision of a severance allowance for administrators, teachers and support personnel not to exceed eighty percent (80%) of the individual's salary or wages, exclusive of fringe benefits, for the school year preceding the consolidation or annexation. Personnel receiving such severance pay may accumulate one (1) year of creditable service for retirement purposes. Employment assistance may also include the payment of unemployment compensation benefits. The State Board of Education shall provide a severance allowance to employees dismissed from employment due to annexation or consolidation of a school district in the year of the annexation or consolidation and who were denied a severance allowance or unemployment compensation benefits and the voluntary consolidation funding of the annexing or consolidating district or districts has been paid on or after July 1, 2003, at the maximum allowable amount. Application for a severance allowance shall be made to the Finance Division of the State Department of Education by the dismissed employee no later than September 1 of the fiscal year immediately following the fiscal year in which the annexation or consolidation occurred,
- d. furnishing and equipping classrooms and laboratories,

- e. purchase of additional transportation equipment, and
- f. when deemed essential by the school district board of education to achieve consolidation or combination by annexation, renovation of existing school buildings and construction or other acquisition of school buildings; and
- 2. Assistance to school districts which have entered into a mutual contract with a superintendent as authorized pursuant to Section 5-106A of this title in paying the salary or wages of the superintendent. The assistance shall equal not more than fifty percent (50%) of the salary or wages of the superintendent for not more than three (3) consecutive years. In no case shall the total amount of assistance paid over the three-year period be more than One Hundred Fifty Thousand Dollars (\$150,000.00) nor shall any school district be eligible to receive assistance pursuant to this paragraph for more than one three-year time period.
- C. The State Board of Education shall only make allocations from the fund to school districts formed from the combination of two or more of the districts whose boards of education notify the State Board of Education on or before June 30 of their intent to annex or consolidate and are subsequently combined by such means by January 1 of the second year following the notification of intent. The boards of education which have entered into a mutual contract with a superintendent shall notify the Board on or before June 30 of the year preceding the school year the mutual contract will become effective.
- D. Allocations will be made to school districts formed by voluntary or mandatory consolidation on the basis of combined average daily membership (ADM) of the school year preceding the first year of operation of the school district resulting from the consolidation; provided, not more than two hundred (200) ADM of any one school district shall be counted in determining the combined ADM of any district formed by consolidation. The ADM of any one school district shall not be considered more than once for allocations from the fund when the school district consolidates with two or more school districts. Allocations from the fund pursuant to this subsection shall be calculated by multiplying the combined ADM by Two Thousand Five Hundred Dollars (\$2,500.00).
- E. Allocations will be made to school districts which have received part or all of the territory and students of a school district by voluntary or mandatory annexation on the basis of ADM of the annexed school district for the school year preceding the first year of operation of the school district resulting from the annexation; provided, not more than two hundred (200) ADM of the annexed district shall be counted. Allocations from the fund pursuant to this subsection shall be calculated by multiplying the allowable ADM by Five Thousand Dollars (\$5,000.00). In no case shall allocations payable pursuant to this subsection be greater than One Million Dollars (\$1,000,000.00).
- F. If monies in the School Consolidation Assistance Fund are insufficient to make allocations to all qualified combined districts, allocations shall be made based upon the determination of the State Board of Education with preference given to school district consolidation and annexation.

210:1-3-2(e). Annexation, consolidation, dispensation, and severance determination

- (e) **Severance determination**. Pursuant to 70 O.S. §7-203(B), the State Board of Education may promulgate rules regarding its authority to budget and make expenditures of monies contained in the School Consolidation Fund. School Consolidation Funds can be used by annexing or consolidating districts to provide employment assistance in the form of severance for school district employees who are dismissed due to annexation or consolidation under 70 O.S. §7-203(B)(1)(c). The procedure for employees to make a severance application and process to receive a severance determination shall be communicated to all affected employees by the annexed or consolidated district superintendent. The severance application process is as follows:
- (1) To qualify for severance, district employees (teachers, administrators, and support personnel) must first seek severance allowance from the annexing or consolidating district(s) prior to making application to the State Department of Education.
- (A) Any annexing or consolidating school district(s) that receive School Consolidation Funds must accept and consider all requests for severance made by district employees who were dismissed due to annexation or consolidation, but not subsequently employed by the consolidating or annexing district(s).
- (B) The annexing or consolidating district(s) may elect to award qualifying employees a severance in an amount up to and not to exceed eighty percent (80%) of the individual's salary or wages, exclusive of fringe benefits.
- (C) Severance allowance from the annexing or consolidating district(s) is permissive in any amount from 0% to 80% of the individual's salary or wages, exclusive of fringe benefits, for the school year preceding the consolidation or annexation.
- (D) For the purposes of calculation, the district(s) shall include only the salary or wages actually paid to the employee for the school year preceding the consolidation or annexation.
- (E) Applications for severance shall be considered on an individual case by case basis.
- (F) Each district shall promulgate their own rules and procedures for accepting, reviewing, and awarding severance. The criteria used for awarding severance must be measurable, objective, non-discriminatory, and uniformly applied.
- (2) If the annexing or consolidating district makes an award of employment assistance in the form of severance, the district employee will not be eligible to make application to the State Department of Education for severance allowance unless the employee has also been denied unemployment compensation.
- (3) Unemployment benefits received by any district employee dismissed due to annexation or consolidation may be counted as a form of employment benefit under 70 O.S. §7-203(B)(1)(c). Unemployment compensation may be considered as part of the total employment assistance received and may be taken into account or offset when severance allowance determinations are made.
- (4) If a district employee is not employed by the annexing or consolidating district(s) and is subsequently denied severance or unemployment compensation by the annexing or consolidating district(s), pursuant to 70 O.S. §7-203(B)(1)(c), the district employee will be eligible to make an application for severance to the State Board of Education. Qualifying

applicants shall receive a severance allowance from the State Board of Education pursuant to the following procedure:

- (A) Severance allowance from the State Board of Education shall be in an amount up to and not to exceed eighty percent (80%) of the individual's salary or wages, exclusive of fringe benefits. An award of a severance allowance by the State Board of Education will be made only if:
- (i) the applicant was not employed by the consolidating or annexing district and
- (ii) severance or unemployment compensation was denied at the district level.
- (B) Severance allowance from the State Department of Education can be in any amount from 0% to 80% of the individual's salary or wages, exclusive of fringe benefits, for the school year preceding the consolidation or annexation.
- (C) For the purposes of calculation, the State Department of Education shall include only the salary or wages actually paid to the employee by the district for the school year preceding the consolidation or annexation.
- (D) Only timely applications for severance received by the State Department of Education, Finance Division, will be considered. All applications for severance to the State Department of Education must be received no later than September 1 of the fiscal year immediately following the fiscal year in which the annexation or consolidation occurred. The application for employment assistance in the form of severance can be found on the SDE website, www.sde.ok.gov, or by contacting the State Department of Education, Finance Division.
- (5) Severance allowance by the State Department of Education can be denied only for good cause with supporting documentation of the following:
- (A) The applicant was hired by the consolidating or annexing district(s), regardless of the number of hours, part time or full time status, or rate of pay.
- (B) The applicant was dismissed or non-reemployed by the local school district board for reasons other than consolidation or annexation (i.e. reduction in force or inability to pay due to financial exigency),
- (C) The applicant received severance from the consolidating or annexing district(s) and in addition to unemployment compensation,
- (6) Severance allowance by the State Department of Education can be reduced or adjusted below eighty (80%) percent of the applicant's salary or wages, excluding fringe benefits, for good cause with supporting documentation. Good cause to reduce or adjust severance can include, but is not limited to, consideration of the following:
- (A) The annexation or consolidation was mandatory rather than voluntary.
- (B) The applicant's length of service to the district.
- (C) The applicant's service record, job performance, or conduct warrants consideration of a reduction or adjustment in severance. The application of this criteria must be supported by verifiable documentation and evidence that is made available for the Board's review.
- (D) The applicant was hired by the local school board after the annexation or consolidation election results are called by the State Superintendent of Public Instruction.
- (E) The applicant was hired by the local school board after the State Board of Education voted to non-accredit the district.
- (F) The applicant failed to apply for or make an attempt to gain employment with the consolidating or annexing district(s).

- (G) The applicant failed to apply for or attempt to obtain a severance allowance from the consolidating or annexing district(s).
- (H) The applicant received unemployment compensation. The amount of unemployment compensation received can be considered an offset when determining severance.
- (7) Severance Determinations. Upon receiving the application for severance the State Department of Education, Finance Division staff shall review the applications for severance and make a written recommendation to the State Board of Education regarding each severance application. Each severance application will be considered on an individual case by case basis and a recommendation for severance allowance or denial will be made by the SDE staff to the State Board of Education in writing during a regularly scheduled Board of Education meeting.
- (A) The applicant will be notified of the SDE staff recommendation and will be given written notice of the time, place, and date of the regularly scheduled State Board of Education meeting that the Board will consider and voting upon the SDE staff recommendation for severance.
- (B) The State Board of Education will vote on all SDE staff recommendations for severance in open meeting. All votes of the State Board of Education approving or denying a severance application will be considered a final order of the Board.
- (8) The applicant will be notified in writing of the State Board of Education's final determination regarding severance allowance. The applicant will have ten (10) days from the date the notification of severance determination is received within which time to file a petition for appeal or reconsideration of the Board's determination.
- (9) Any petition, reconsideration, or hearing on the Board's final order regarding severance shall be made pursuant to, and governed by, the Due Process Procedures of the State Board of Education as outlined in 210:1-5-1 of the Oklahoma Administrative Code.
- (f) Guidelines and forms. Copies of corresponding State Department of Education forms and guidelines for the implementation of annexations/consolidation and severance are available from the consolidation officer of the State Department of Education.

[Source: Amended at 11 Ok Reg 1973, eff 5-26-94; Amended at 29 Ok Reg 965, eff 6-26-12]

Financial Services, State Aid Section 2500 North Lincoln Blvd., Room 4-29 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460 State.aid@sde.ok.gov



Application for Severance Allowance 70 O.S. § 7-203(b)(3)

	Il out and submit this form with all appropriate documentation to the Finance Division of the State Department of on by September 1st of the fiscal year immediately following the fiscal year in which the annexation or consolidation
occurred	
Date: 🙋	27/23 Home Phone:Cell Phone:
Full Lega	I Name: Patty Michelle Bates
Address:	
Email ado	dress:
1.	Employment:
Α,	Employer: Greentile School Position: Teacher
В.	How long have you held this position? 945 Full-time or part-time? Full time
C.	What was your base salary for the past year, exclusive of fringe benefits? #40,200.00 (Please
	include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 4/30/23 Voluntary or mandatory? Voluntary
E.	Were you a working employee of the district on the date listed above? YES If no, please explain:
F.	If you were a teacher, were you career or probationary? <u>Career</u>
G.	Did you apply for a job with the annexing/receiving district(s)? 475 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? 15 If yes, where?
	Thackerville (Please provide documentation of your efforts to seek employment)
2.	Benefits:
	Have you applied for unemployment benefits? Y.D If yes, were you granted unemployment?
В.	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.	Compensation)? What kind? 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)? \(\frac{125}{25} \) When? \(\frac{6/26/13}{25} \) Were you
	approved? ND (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)

Full	Legal Name:	Patty Michelle Bates			Date:	6/29/2023
Prev	ious Base Sala	ry (exclusive of fringe benefits):				
	Base Salary		\$	40,200.00		
	Times 80%		\$	32,160.00		
		Maximum Severance				\$ 32,160.00
					No. of Pay	
Less	Weekly/Mont	hly Income or Benefits:			Periods	
1)	Unemploymer	•	\$	-	x *MBA	\$ -
	Teacher Retire	ement			Х	\$ -
	Workers Com	pensation			X	\$ -
	Other employs	ment/bonus	\$	21,289.00	x 1	\$ (21,289.00)
		Allowable Severance				\$ 10,871.00
Time	es Percentage	(enter "1" in the appropriate area)				
2)	Voluntary - 2	5%	1	25%		
	OR					
	Mandatory - 5	5%		0%		
3)	Years of Servi	ice	9			
3)		Percentage (See below)		20%		
	Times Tearly	rereatinge (see selett)		2070		
4)	Efforts in seek	ring other employment				
	Active - 25%		1	25%		
	OR					
	Non-active - 3	5%		0%		
		Total Percentage		70%		
Calc	. Severance Pa	y (Allowable Severance times Perc	entage)			\$ 7,610.00
				т		
		TOTAL SEVERANCE AN	MUUN	1		\$ 7,610.00
		Years of Experience				
	at Co	onsolidated or Annexing District	1	Percentage		

at	Percentage			
	0	to	5	10%
	6	to	10	20%
	11	to	15	30%
	16	to	20	40%
	21	to	25	50%

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State,Aid@sde.ok.gov JUL 1 / 2023. STATE AID SECTION

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: _	7/3/23 Phone: Teacher Number:
Full Le	gal Name: Marcia Jean Bell
Addres	
1.	Employment: Employer: Greenville Public Achool Position: Papoll, Acts Papable, a
Α.	Employer: Greenville Public Achool Position: Papall, acts Papable a
В.	How long have you held this position? 6/2 MD. Full-time or part-time? full-time
C.	How long have you held this position? b/2 yrs. Full-time or part-time? full time. What was your base salary for the past year, exclusive of fringe benefits? 4 37,440,00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 1/30/2023 Voluntary or mandatory? Voluntary
E.	Were you a working employee of the district on the date listed above? Yes 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? 160 If yes, where?
	(Please provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? NO If yes, were you granted unemployment? NA
В.	When did you apply? NH When did you or will you begin receiving benefits? NA
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)? NO 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)
Н.	If approved, how much are you receiving in severance allowance?(Please include
	documentation)

Previous Base Salary (exclusive of fringe benefits): Base Salary S 35,640.00 S 28,512.00 Maximum Severance	Full Legal Name	Marcia Jean Bell			Date:		7/17/2023				
Base Salary Times 80% S 28,512.00											
Base Salary Times 80% S 28,512.00	Previous Base Sa	Previous Base Salary (exclusive of fringe benefits):									
No. of Pay Periods Pay Per		• .		35,640.00							
Less Weekly/Monthly Income or Benefits: Pay Periods Pay Periods Periods Periods Periods Periods Periods Pay Periods Periods Periods Pay Periods Pa	Times 80%		\$	28,512.00							
Pay Periods Periods		Maximum Severance				\$	28,512.00				
Pay Periods Periods					No of						
1											
Teacher Retirement	_	=									
Workers Compensation Other employment			\$	-	x *MBA	\$	-				
S 21,289.00 X 1 \$ (21,289.00)	Teacher Ret	irement			X	\$	-				
Allowable Severance \$ 7,223.00 Times Percentage (enter "1" in the appropriate area) 2) Voluntary - 25%		_				-	-				
Times Percentage (enter "1" in the appropriate area) 2) Voluntary - 25%	Other emplo	yment	\$	21,289.00	x 1	\$	(21,289.00)				
2) Voluntary - 25% OR Mandatory - 5% Mandatory - 5% O% 3) Years of Service Times Yearly Percentage (See below) 4) Efforts in seeking other employment Active - 25% OR Non-active - 5% Total Percentage Total Percentage Calc. Severance Pay (Allowable Severance times Percentage) \$\frac{1}{25\%}\$ 0% \$\frac{50\%}{50\%}\$ \$\frac{50\%}{50\%}\$		Allowable Severance				\$	7,223.00				
2) Voluntary - 25% OR Mandatory - 5% Mandatory - 5% O% 3) Years of Service Times Yearly Percentage (See below) 4) Efforts in seeking other employment Active - 25% OR Non-active - 5% Total Percentage Total Percentage Calc. Severance Pay (Allowable Severance times Percentage) \$\frac{1}{25\%}\$ 0% \$\frac{50\%}{50\%}\$ \$\frac{50\%}{50\%}\$	Times Percentag	ge (enter "1" in the appropriate are	a)								
Mandatory - 5%	2) Voluntary -	25%	1	25%							
3) Years of Service Times Yearly Percentage (See below) 4) Efforts in seeking other employment Active - 25% OR Non-active - 5% Total Percentage Calc. Severance Pay (Allowable Severance times Percentage) 50% \$ 3,612.00	OR										
Times Yearly Percentage (See below) 20% Efforts in seeking other employment Active - 25% OR Non-active - 5% Total Percentage Total Percentage Solve Calc. Severance Pay (Allowable Severance times Percentage) \$\frac{20\%}{0}\$ \$\frac{3,612.00}{0}\$	Mandatory -	5%		0%							
Times Yearly Percentage (See below) 20% Efforts in seeking other employment Active - 25% OR Non-active - 5% Total Percentage Total Percentage Solve Calc. Severance Pay (Allowable Severance times Percentage) \$\frac{20\%}{0}\$ \$\frac{3,612.00}{0}\$	3) Vears of Ser	vice	6.5								
Active - 25% OR Non-active - 5% Total Percentage Calc. Severance Pay (Allowable Severance times Percentage) \$\begin{align*} 0\\ 5\\ 5\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	,		0.3	20%							
Active - 25% OR Non-active - 5% Total Percentage Calc. Severance Pay (Allowable Severance times Percentage) \$\begin{align*} 0\\ 5\\ 5\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\											
OR Non-active - 5% Total Percentage 50% Calc. Severance Pay (Allowable Severance times Percentage) \$ 3,612.00											
Non-active - 5% Total Percentage 50% Calc. Severance Pay (Allowable Severance times Percentage) \$ 3,612.00		² / ₀		0%							
Total Percentage 50% Calc. Severance Pay (Allowable Severance times Percentage) \$ 3,612.00	_										
Calc. Severance Pay (Allowable Severance times Percentage) \$ 3,612.00	Non-active -	- 5%	1	5%							
		Total Percentage		50%							
TOTAL SEVERANCE AMOUNT \$ 3,612.00	Calc. Severance Pay (Allowable Severance times Percentage)					\$	3,612.00				
	TOTAL SEVERANCE AMOUNT						3,612.00				

Y			
at Consoli	Percentage		
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov STATE AID SECTION

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 SERVIGES.QE...
THE STATE DEPARTMENT OF EDUCATION BY SEPTEMBER I OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL
YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date:	. Phone : Teacher Number:
Full Lea	gal Name: Cherie Lynn Cochran
run Leg	arrane. There was
Address	
1.	Employment:
A.	
В.	Employer: Coveencille School Position: Support Staff How long have you held this position? 21 Full-time or part-time? Full
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: June 30 Voluntary or mandatory? Voluntary
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)
Н.	If yes, did you accept the position and on what date will you begin work?
Ï.	If no, have you applied for employment with other districts in your area? 45
,	Thacker bille (Please provide documentation of your efforts to seek employment)
	Kingston
2.	Benefits:
Α.	Have you applied for unemployment benefits? If yes, were you granted unemployment?
В.	When did you apply? When did you or will you begin receiving benefits?
С.	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?
Е.	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)? \(\frac{1}{2} \) When? \(\frac{1}{2} \) Were you approved? \(\frac{1}{2} \) (Please include documentation of your request and if denied, a copy of your denial)
Н.	If approved, how much are you receiving in severance allowance?(Please include
	documentation)

Full	Legal Name:	Cherie Lynn Cochran				Date:		7/17/2023
Prev	vious Base Sala	ry (exclusive of fringe ben	efits):					
	Base Salary		•	\$	26,100.00			
	Times 80%			\$	20,880.00			
		Maximum Severance					\$	20,880.00
						No. of		
_	XX7 11 /N/F	11 T D 6%				Pay		
		hly Income or Benefits:		ф		Periods	0	
1)	Unemploymen			\$	-	x *MBA	\$	-
	Teacher Retire					X	\$	-
	Workers Com	_		<u></u>	21 200 00	X	\$	(21 200 00)
	Other employs	ment		\$	21,289.00	x 1	\$	(21,289.00)
		Allowable Severance					\$	-
	_							
		(enter "1" in the appropriate	e area)					
2)	Voluntary - 2	5%	1		25%			
	OR							
	Mandatory - 3	5%			0%			
3)	Years of Servi	ice	21					
	Times Yearly	Percentage (See below)			50%			
4)	Efforts in seek	king other employment						
	Active - 25%		1		25%			
	OR			•				
	Non-active -	5%			0%			
		Total Percentage			100%			
Calc	. Severance Pa	y (Allowable Severance ti	mes Percenta	age)			\$	
	TOTAL SEVERANCE AMOUNT						\$	
				•				
		Years of Experience						
	. ~	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

	Years of Experience		
at Con	Percentage		
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

^{*} MBA - Maximum Benefit Allowance

https://oullook.office365.com/mail/nonefid/AAMkADIwYzgwNTdILWM2NzItNDVmZS1hMWZhLWI3OWQ3NzI4Y2Y0NwBGAAAAAAAC0DjDRAL%2FzRo...



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Bivd, Rooma 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3450, Fax (405) 522-3559 State Aid @sde.ok.gov

Application for Severance Allowance 76 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 RISCAL YEAR IMMEDIATE
YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRE

Phone : cacher Number	
ull Legal Name: Chrystal Michelle McComber	
.ddrese:	
1. Employment A. Employer: Creenville Public School Special Ed Teo. B. How long have you held this position? 4 V/S Full-time or part-time? 4 VI + 1 Med C. What was your base salary for the past year, exclusive of frings benefits? 42, 177, 00 (Please include a copy of your signed teaching contract evidencing your salary agreement) D. Date district was amnexed or consolidated: Voluntary or mandatory? Mandatory E. Were you a working employee of the district on the date listed above? 4 S 1(no, please explain:	cher e tory
F. If you were a teacher, were you career or probatiogary?COTEET	
G. Did you apply for a job with the anaexed or consolidated/receiving district(s)? 15 Were you offered employment? Please provide documentation from the district(s) of your offer or denial)	1
H. If yes, did you accept the position and on what date will you begin work? A latter to bave you applied for employment with other districts in your area? Les If yes, where? I DAMOUNE (Please provide documentation of your efforts to seek employment) Planulum - Interviewe 2. Besefits: EOIC INTERVIEWE	
A Have you applied for unemployment benefits? No If yes, were you granted unemployment? No When did you or will you begin receiving benefits? No When did you or will you begin receiving benefits? No When did you applied for or are you receiving any other form of employment assistance (i.e. Retirement, Workers Compensation)? What kind? School Dends in June On what date did you begin receiving or will you begin receiving benefits?	
How much wall you be receiving in monthly benefits? [Please include documentation] [Figure word, bow much are you receiving in severance allowance? [Please include documentation of your request and if denied, a copy of your denial). [Please include documentation of your request and if denied, a copy of your denial). [Please include documentation of your request and if denied, a copy of your denial). [Please include documentation] [Plea	unce

43,162.00 per 2022-2023 contract

Full	Legal Name:	Chrystal Michelle McCombe	r				Date:		6/28/2023
Pre	vious Base Sala	ary (exclusive of fringe benefi	ts):						
	Base Salary	, (,	\$	43,162.00				
	Times 80%		•	\$	34,530.00				
		Maximum Severance						\$	34,530.00
							No. of		
							Pay		
Les	-	thly Income or Benefits:					Periods		
1)	Unemployme			\$	-	X	*MBA	\$	-
	Teacher Retir	ement				X		\$	-
	Workers Com	pensation				X		\$	-
	Other employ	rment		\$	21,289.00	X	1	\$	(21,289.00)
		Allowable Severance						\$	13,241.00
Tim	es Percentage	(enter "1" in the appropriate an	rea)						
2)	Voluntary - 2		1		25%				
,	OR				-				
	Mandatory -	5%			0%				
3)	Years of Serv	ice	4						
٥,		Percentage (See below)			10%				
4)	Efforts in see	king other employment							
٦)	Active - 25%		1		25%				
	OR	,	1		2370				
	Non-active -	5%			0%				
		Total Daycontogo	-		60%				
		Total Percentage			0070				
Calc. Severance Pay (Allowable Severance times Percentage)						;	\$	7,945.00	
		TOTAL SEVERANC	E AMO	UNT	Γ		;	\$	7,945.00
		Voors of Evneriones							

Ye			
at Consolid	Percentage		
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State,Aid@sde.ok.gov



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: _	7-7-23 Phone : (
Full Le	gal Name: Kelli Dawn Morgan
Addres	s:
1.	Employment:
A.	Employer: Greenville Elementary Position: Kindergarten Teacher
В.	How long have you held this position? 24 years Full-time or part-time? Full Time
C.	What was your base salary for the past year, exclusive of fringe benefits? #48, /32.00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: <u>6-30-23</u> Voluntary or mandatory?
E.	Were you a working employee of the district on the date listed above? Ves 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)? Ves Were you offered
	employment? No (Please provide documentation from the district(s) of your offer or denial)
Н.	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? <u>Yes</u> If yes, where? Epic Charter + Thacker Vi (Please provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? No If yes, were you granted unemployment?
В,	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)? Ves_When? 6-23 -23Were you approved? (Please include documentation of your request and if denied, a copy of your denial)
Н.	
	documentation)

Full	Legal Name:	Kelli Dav	n Morgan					Date:		7/10/20)23
Prev	ious Base Sala	rv (exclusi	ive of fringe be	enefits):							
	Base Salary	3 (\$	48,132.00					
	Times 80%				\$	38,506.00					
		Maximui	n Severance						\$	38,506.0	00
								No. of			
								Pay			
	Weekly/Mont	-	e or Benefits:		Φ.			Periods			
1)	Unemploymen Teacher Retire				\$	-	X	*MBA	\$	-	
	Workers Com						X		\$ \$	-	
	Other employs	-			\$	21,289.00	X X	1	\$ \$	(21,289.0	00)
	o unor omprey				Ψ	21,20,100			4	(=1,=0>1	, , , , , , , , , , , , , , , , , , ,
		Allowabl	e Severance						\$	17,217.0	00
Time	na Davaantaga	(anton "1" :	in the appropria	ta arraa)							
2)	Voluntary - 2	•	ш ше арргорпа	1 (ne area)		25%					
2)	OR	.570				2370					
	Mandatory - 3	5%				0%					
3)	Years of Servi										
	Times Yearly	Percentage	(See below)	20	t.	40%					
4)	Efforts in seek	zing other e	mnlovment								
7)	Active - 25%	_	mployment	1		25%					
	OR					-					
	Non-active -	5%			17	0%					
		Total Pero	centage			90%					
Calc	. Severance Pa	ay (Allowa	ble Severance	times Percenta	ige)				\$	15,495.0	00
		-	L SEVERA			ר			\$	15,495.0	
		IOIA	LSEVENA	NCE AMO	UINI	L			Ф	13,473.0	
Y	ears of Experie	ence									
	dated or Annex		t		P	ercentage					
	()	to	5		10%					
	6		to	10		20%					
	11	[to	15		30%					

20

Other Justification for Reduction:

16

21

to

to

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov



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 I OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date: [1	7/14/23 Phone:
Full Lega	-The Dring
~ W. A. P.	
Address:	
1.	Employment:
A.	Employer: Green Ville Elementary School PK Tracker
В.	How long have you held this position? 10 W/S Full-time or part-time? Full-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: June 30,300 cluntary or mandatory? Voluntary
E.	Were you a working employee of the district on the date listed above? $\frac{\sqrt{l'}}{\sqrt{l'}}$ 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?
T,	If no, have you applied for employment with other districts in your area? 15 If yes, where? Kingston Public St (Please provide documentation of your efforts to seek employment)
2.	Benefits:
Α.	Have you applied for unemployment benefits? 100 If yes, were you granted unemployment?
В.	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)? (1) () 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)? \(\frac{15}{5} \) When? \(\frac{1003}{5} \) Were
	you approved? You (Please include documentation of your request and if denied, a copy of your denial)
Н.	If approved, how much are you receiving in severance allowance?(Please include
,	documentation

Full	Legal Name:	Theresa Christi	ne Price				Date:		7/17/2023
Prev		ary (exclusive of	fringe benefits):	a	h	11.660.00			
	Base Salary Times 80%			<u> </u>		44,660.00 35,728.00			
	1 IIIIes 8070	Maximum Sev	orango	4	•	33,728.00		\$	35,728.00
		Maximum Sev	er ance					J	33,720.00
							No. of		
							Pay		
	•	thly Income or B	enefits:		_		Periods	_	
1)	Unemploymen			9	5	-	x *MBA	\$	-
	Teacher Retir			_			X	\$	-
	Workers Com	-		-	h	21 200 00	X	\$	(21 200 00)
	Other employ	ment		\$	S	21,289.00	x 1	\$	(21,289.00)
		Allowable Sev	ovenee.					\$	14,439.00
		Allowable Sevi	ance					J	14,439.00
Tim	es Percentage	(enter "1" in the	appropriate area)						
2)	Voluntary - 2			1		25%			
	OR								
	Mandatory -	5%				0%			
			_						
3)	Years of Serv	rice							
	Times Yearly	Percentage (See	below)	16		40%			
4)		king other employ	ment						
	Active - 25%)		1		25%			
	OR								
	Non-active -	5%				0%			
				_		0.00/			
		Total Percentag	e			90%			
Calc	Severance Pa	av (Allowable Se	verance times Pe	ercentag	e)			\$	12,995.00
Curc	. Severance 1	• `		Č					
		TOTAL SE	VERANCE A	AMOU)NT			\$	12,995.00
v	ears of Experie	ence		Ι					
	idated or Annex				Pe	centage			
,11301) to)	5	10	10%			
		5 to		10		20%			
	11			15		30%			
	16			20		40%			
				2.5		5004			

Other Justification for Reduction:

21

to

^{*} MBA - Maximum Benefit Allowance



documentation)

Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov OF EDUCATION THE STATE DEPARTMENT OF EDUCATION

Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c) STATE AID SECTION PLEASE FILL OUT AND SUBMITTHIS 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 PISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Da	te:	7-7-23 Phone: Teacher Number:
Ful	ll Leg	gal Name: Gregory Wayne Raper
	dress	
	1.	Employment:
	A.	Employer: Greenville Schools Position: Superintendent How long have you held this position? 645. Full-time or part-time? Full-time What was your base salary for the past year, exclusive of fringe benefits? 65,000
	В.	How long have you held this position? 6415. Full-time or part-time? Full-time
	C.	What was your base salary for the past year, exclusive of fringe benefits? 65,000
		(Please include a copy of your signed teaching contract evidencing your salary agreement)
	D.	Date district was annexed or consolidated: 6-36-23 Voluntary or mandatory? Voluntary
	Е.	Were you a working employee of the district on the date listed above? <u>Yes</u> 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)? <u>Ves</u> Were you offered
	-	employment? _//o (Please provide documentation from the district(s) of your offer or denial)
	Н,	If yes, did you accept the position and on what date will you begin work?
	ī.	If no, have you applied for employment with other districts in your area? Yes If yes, where? Applications included (Please provide documentation of your efforts to seek employment)
	2.	Benefits:
	A.	Have you applied for unemployment benefits? Mo 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)? 125 When? 6-23-23 Were
		you approved? (Please include documentation of your request and if denied, a copy of your denial)
	Н.	If approved, how much are you receiving in severance allowance?(Please include

Full	Legal Name: Greg Wayne Raper			Date:		7/10/2023
Pre	vious Base Salary (exclusive of fringe benefits):					
	Base Salary	\$	65,000.00			
	Times 80%	\$	52,000.00			
	Maximum Severance				\$	52,000.00
				No. of		
Las	Weekley/Monthly Income on Donoffee			Pay		
	s Weekly/Monthly Income or Benefits:	\$		Periods	C	
1)	Unemployment	\$	-	x *MBA	\$	-
	Teacher Retirement			Х	\$	-
	Workers Compensation	Φ.	21 200 00	X	\$	(21 200 00)
	Other employment	\$	21,289.00	x 1	\$	(21,289.00)
	Allowable Severance				\$	30,711.00
Tin	es Percentage (enter "1" in the appropriate area)					
2)	Voluntary - 25%	1	25%			
,	OR					
	Mandatory - 5%		0%			
3)	Years of Service	6				
	Times Yearly Percentage (See below)		20%			
4)	Efforts in seeking other employment					
	Active - 25%	1	25%			
	OR					
	Non-active - 5%		0%			
	Total Percentage		70%			
Cal	c. Severance Pay (Allowable Severance times Perce	ntage)			\$	21,498.00
	TOTAL SEVERANCE AM	IOUN'	Γ		\$	21,498.00
	V CF :					

Y			
at Consoli	Percentage		
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

^{*} MBA - Maximum Benefit Allowance



Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State Aid@sde.ok.gov

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 I OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date:	7.14.23 Phone:
	al Name: Sherry Amette Reed
Address	
1.	Employment:
A.	Employer: Orgenville 5000 Position: Teacher / Coach
B.	How long have you held this position? 21 yrs Full-time or part-time? Full time. What was your base salary for the past year, exclusive of fringe benefits? \$\frac{148,365.00}{210000000000000000000000000000000000
C.	What was your base salary for the past year, exclusive of fringe benefits? #48,365. w
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 4.30.23 Voluntary or mandatory? Voluntary
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? 10 (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? Wes, where? [Please provide documentation of your efforts to seek employment]
	[Please provide documentation of your efforts to seek employment]
2.	Benefits:
A.	Have you applied for unemployment benefits? <u>Mo</u> If yes, were you granted unemployment? <u>M</u>
В.	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)
Đ.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
	Workers Compensation)? What kind? // A
E.	On what date did you begin receiving or will you begin receiving benefits?
F.	How much will you be receiving in monthly benefits?
G.	70-
	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)
	documentation)

Full	Legal Name: Sh	erry Anette Reed					Date:		7/17/2023
Pre	vious Base Salary (exclusive of fringe ben	efits):						
	Base Salary	·		\$	47,145.00				
	Times 80%			\$	37,716.00				
	M	aximum Severance						\$	37,716.00
							No. of		
_	*** ** ***	T					Pay		
		Income or Benefits:		_			Periods	_	
1)	Unemployment			\$	-	X	*MBA	\$	-
	Teacher Retireme					X		\$	-
	Workers Compens					X		\$	-
	Other employmen	t		\$	21,289.00	X	1	\$	(21,289.00)
	Al	lowable Severance						\$	16,427.00
Tim	es Percentage (en	ter "1" in the appropriate	area)						
2)	Voluntary - 25%	11 1	1		25%				
	OR			<u>-</u>					
	Mandatory - 5%				0%				
3)	Years of Service		10)					
	Times Yearly Pero	centage (See below)		_	20%				
4)	Efforts in seeking	other employment							
	Active - 25%		1		25%				
	OR								
	Non-active - 5%				0%				
	То	tal Percentage		·	70%				
Cal	c. Severance Pay (A	Allowable Severance tii	nes Percent	age)			•	\$	11,499.00
	T	OTAL SEVERAN	CE AMO	UNT	Γ		,	\$	11,499.00
		Years of Experience		I	1		•		

Y			
at Consoli	Percentage		
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov



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: _	August 07,2023 Teacher Number:
Full Leg	gal Name: Tambre Gail Sanders
Address	
1. A. B. C.	Employer: Greenville Elementary School Position: How long have you held this position? 16 years Full-time or part-time? Full 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) Date district was annexed or consolidated:May 2023Voluntary or mandatory?Voluntary Were you a working employee of the district on the date listed above?yes If no, please
	explain:
H. I.	If yes, did you accept the position and on what date will you begin work? If no, have you applied for employment with other districts in your area?Yes If yes, where?
2.	Benefits:
A.	Have you applied for unemployment benefits? No. If yes, were you granted unemployment?
В.	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)? No 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)? Yes When? July 13, 2023, you approved? No (Please include documentation of your request and if denied, a copy of your denial)
Н.	If approved, how much are you receiving in severance allowance?(Please include

Ful	l Legal Name:	Tambre Gail Sanders			Date:		8/8/2023
Pre	vious Base Salar	ry (exclusive of fringe bene	efits):				
	Base Salary	• (\$	44,167.00			
	Times 80%		\$	35,334.00			
		Maximum Severance				\$	35,334.00
					No. of		
_					Pay		
	-	nly Income or Benefits:			Periods		
1)	Unemploymen		\$	-	x *MBA	\$	-
	Teacher Retire				X	\$	-
	Workers Comp		Φ.	21 200 00	X	\$	(21 200 00)
	Other employm	nent	\$	21,289.00	x1	\$	(21,289.00)
		Allowable Severance				\$	14,045.00
Tin	nes Percentage (enter "1" in the appropriate	area)				
2)	Voluntary - 25	5%	1	25%			
	OR						
	Mandatory - 5	%		0%			
3)	Years of Service	ce					
	Times Yearly I	Percentage (See below)	16	40%			
4)	Efforts in seeki	ing other employment					
.,	Active - 25%	8 <u>-</u>	1	25%			
	OR						
	Non-active - 5	%		0%			
		Total Percentage		90%			
Calc. Severance Pay (Allowable Severance times Percentage)						\$	12,641.00
						1	
TOTAL SEVERANCE AMOUNT						<u>\$</u>	12,641.00
y	Years of Experien	nce					
onsolidated or Annexing District				Percentage			
	0	to	5	10%			

10

15

20

20%

30%

40%

50%

Other Justification for Reduction:

6

11

16

21

to

to

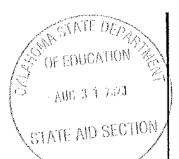
to

to

^{*} MBA - Maximum Benefit Allowance



Oklahoma State Department of Education Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov



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 LOF THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date:09	3/01/2023 Phone:					
Full Leg	gal Name: Beverly G. Stevens					
Address						
1.	Employment:					
Α.	Employer: Greenville, School Position: Teacher					
В.	11 1 I have been been been been been been been be					
C.	What was your base salary for the past year, exclusive of fringe benefits? #43,000.00 contract (Places include a convert year signed touching contract evidencing your salary agreement)					
	(Please include a copy of your signed teaching contract evidencing your salary agreement)					
D.	Date district was annexed or consolidated: Uniq 2023 Voluntary or mandatory?					
E.	and the transfer of the state o					
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)? <u>ves</u> Were you offered					
	employment? (Please provide documentation from the district(s) of your offer or denial)					
Н.	If yes, did you accept the position and on what date will you begin work?					
ī.	If no, have you applied for employment with other districts in your area? <u>No</u> If yes, where?					
	(Please provide documentation of your efforts to seek employment)					
2.	Benefits:					
A.	Have you applied for unemployment benefits? NO If yes, were you granted unemployment?					
В.	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)					
Đ.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,					
	Workers Compensation)? No 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(x)? Les When? 8/1/23 Were					
	you approved? No (Please include documentation of your request and if denied, a copy of your denial)					
Ĥ.	If approved, how much are you receiving in severance allowance?(Please include					
	documentation)					

Ful	l Legal Name:	Beverly G Stevens			Date:		8/31/2023
Pre		ary (exclusive of fringe benef					
	Base Salary		\$	42,177.00			
	Times 80%		\$	33,742.00			
		Maximum Severance				\$	33,742.00
					No. of Pay		
Les	s Weekly/Mont	thly Income or Benefits:			Periods		
1)	Unemployme	•	\$	-	x *MBA	\$	_
	Teacher Retir				Х	\$	_
	Workers Com	pensation			х	\$	-
	Other employ	ment	\$	21,289.00	x 1	\$	(21,289.00)
		Allowable Severance				\$	12,453.00
Tin	nes Percentage	(enter "1" in the appropriate a	rea)				
2)	Voluntary - 2	25%	1	25%			
	OR						
	Mandatory -	5%		0%			
3)	Years of Serv						
	Times Yearly	Percentage (See below)	12	30%			
4)	Efforts in seel	king other employment					
	Active - 25%			0%			
	OR						
	Non-active -	5%	1	5%			
		Total Percentage		60%			
Calc. Severance Pay (Allowable Severance times Percentage)						\$	7,472.00
TOTAL SEVERANCE AMOUNT						\$	7,472.00
Ţ	Years of Experie	ence					
	lidated or Anne			Percentage			
) to	5	10%			

10

15

20

20%

30%

40%

50%

Other Justification for Reduction:

11

16

21

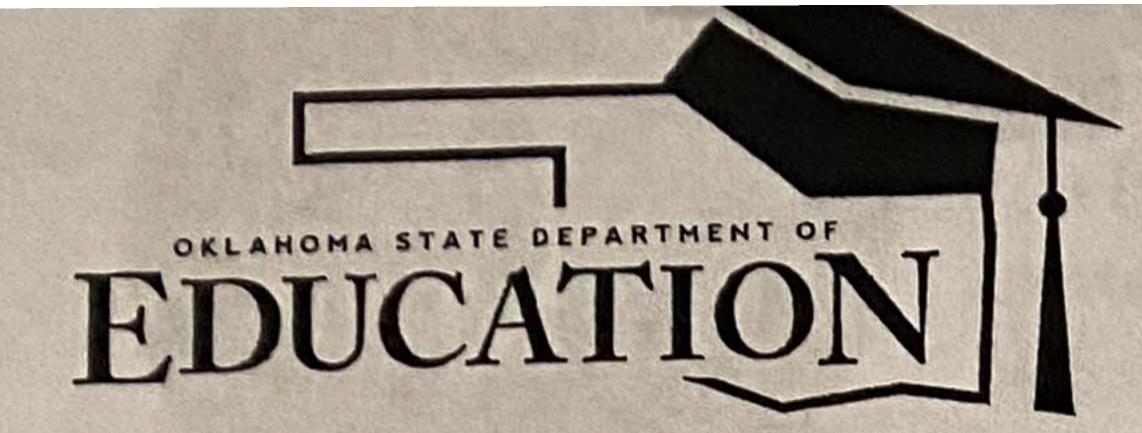
to

to

to

to

^{*} MBA - Maximum Benefit Allowance



Financial Services, State Aid Section 2500 North Lincoln Blvd, Room# 427 Oklahoma City, Oklahoma 73105 Phone (405) 521-3460, Fax (405) 522-3559 State.Aid@sde.ok.gov

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: _	6/29/2023 Phone Teacher Number:
Full Le	egal Name: Tracey Elizabeth Vinson
Addres	
A. B. C. F. G.	Employer: Greenville Elementary Position: Math Teacher How long have you held this position? Tyears Full-time or part-time? Full-time What was your base salary for the past year, exclusive of fringe benefits? \$39,273. (Please include a copy of your signed teaching contract evidencing your salary agreement) Date district was annexed or consolidated: 632,2023 Voluntary or mandatory? Mandatory Were you a working employee of the district on the date listed above? No If no, please explain: 22-23 School Contract States it ended on May 12th, 2020 If you were a teacher, were you career or probationary? Career Did you apply for a job with the annexed or consolidated/receiving district(s)? Les Were you offered employment? No (Please provide documentation from the district(s) of your offer or denial) If yes, did you accept the position and on what date will you begin work? If no, have you applied for employment with other districts in your area? Les If yes, where? Nackerville Public Schools (Please provide documentation of your efforts to seek employment)
	Epic Charter Schools
	Benefits:
	Have you applied for unemployment benefits? No If yes, were you granted unemployment? NA
В.	When did you apply? NH When did you or will you begin receiving benefits? NH
	How much do you receive in monthly unemployment benefits? WA (Please include documentation)
	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement, Workers Compensation)? What kind? \text{MA}
	On what date did you begin receiving or will you begin receiving benefits? WA
F.	How much will you be receiving in monthly benefits? \\ \frac{NH}{} \(\text{(Please include documentation)} \)
G.	Did you apply for severance pay from the annexing/receiving district(s)? When? 6 23/23 Were
	Did you apply for severance pay from the annexing/receiving district(s)? When? 6 23/23 Were you approved? NO (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? \(\infty\)\(\hat{\text{H}}\) (Please include documentation)

Full Legal Name:		Tracey Elizabeth Vinson			Date:		8/9/2023	
Prev		ary (exclusive of fringe b	enefits):	Φ.	20.252.00			
	Base Salary		_	\$	39,273.00			
	Times 80%	Marimum Caranana		\$	31,418.00		C	21 419 00
		Maximum Severance					\$	31,418.00
						No. of		
						Pay		
		thly Income or Benefits:				Periods		
1)	Unemploymen			\$	-	x *MBA		-
	Teacher Retir					X	\$	-
	Workers Com	_		Φ.	21 200 00	X	\$	-
	Other employ	ment	_	\$	21,289.00	x1	\$	(21,289.00)
		Allowable Severance					\$	10,129.00
Tim	es Percentage	(enter "1" in the appropria	ate area)					
2)	Voluntary - 2	25%	1		25%			
	OR							
	Mandatory -	5%			0%			
3)	Years of Serv							
	Times Yearly	Percentage (See below)	7		20%			
45	T.CC							
4)		king other employment			250/			
	Active - 25%		1		25%			
	OR Non-active -	50/			00/			
	Non-active -	3%0			0%			
		Total Percentage			70%			
		C						
Calc. Severance Pay (Allowable Severance times Percentage)							\$	7,090.00
TOTAL SEVERANCE AMOUNT						\$	7,090.00	
								1,000
Y	ears of Experie	ence						
onsolidated or Annexing District				Pe	ercentage			
	() to	5		10%			
		5 to	10		20%			
	11	l to	15		30%			
	1		20		4007			

20

50%

Other Justification for Reduction:

to

to

16

21

^{*} MBA - Maximum Benefit Allowance