

JOY HOFMEISTER

STATE SUPERINTENDENT of PUBLIC INSTRUCTION OKLAHOMA STATE DEPARTMENT of EDUCATION

MEMORANDUM

TO: The Honorable Members of the State Board of Education

FROM: Joy Hofmeister

DATE: October 22, 2020

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 districts that annexed (voluntary and mandatory) during FY2020 pursuant to Title 70 O.S., Section 7-203(c).

Based on applications furnished by former annexed or mandatorily annexed district employees who were not hired for FY2021 or paid a severance by the receiving district when the district annexed, Title 70 O.S. Section 7-203 (c) enables the former employees to seek approval from the State Board of Education for a severance payment from the FY2021 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:

Recommend Approvar of Severance.								
Mr. Bunch	Teacher/Coach	Greasy P.S.	Congressional District 2					
Ms. Dlugonski	Teacher	Greasy P.S.	Congressional District 2					
Mr. Fourkiller	Teacher	Greasy P.S.	Congressional District 2					
Ms. Hummingbird	Teacher	Greasy P.S.	Congressional District 2					
Ms. Martin	Teacher	Greasy P.S.	Congressional District 2					
Ms. Riddle	Teacher	Greasy P.S.	Congressional District 2					
Ms. Ritter	Teacher	Greasy P.S.	Congressional District 2					
Ms. Wolfe	Teacher	Greasy P.S.	Congressional District 2					
Mr. Wolfe	Superintendent	Greasy P.S.	Congressional District 2					

Recommend Approval of Severance (continued):

Ms. Black	Teacher/Counselor	Keyes P.S.	Congressional District 3
Ms. Born	Teacher	Keyes P.S.	Congressional District 3
Ms. Broaddus(Hocket	t)Teacher	Keyes P.S.	Congressional District 3
Ms. Burgess	Shared Superintender	nt Keyes P.S.	Congressional District 3
Ms. Foust	Teacher	Keyes P.S.	Congressional District 3
Ms. Hinds	Teacher/Para.	Keyes P.S.	Congressional District 3
Ms. Newmon	Support	Keyes P.S.	Congressional District 3
Mr. Spell	Maintenance	Keyes P.S.	Congressional District 3

JH/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]

Greasy Public Schools Annexation to Dahlonegah Public Schools - Adair County - July 10, 2020 Congressional District No. 2

Certified Staff Reques	sting Severance		Severance Amount
Nathaniel Bunch	Teacher/Coach/Bus Driver	Greasy P.S.	\$19,145.00
Debbie Dlugonski	Teacher	Greasy P.S.	\$27,017.00
Jack Allison Fourkiller	Teacher	Greasy P.S.	\$5,719.00
Deanna Hummingbird	Teacher	Greasy P.S.	\$32,562.00
Delores Martin	Teacher	Greasy P.S.	\$15,342.00
Frances Caleen Riddle	Teacher	Greasy P.S.	\$32,876.00
Sandy Ritter	Teacher	Greasy P.S.	\$19,096.00
Karen Elaine Wolfe	Teacher	Greasy P.S.	\$21,129.00
Michael Dale Wolfe	Superintendent/Principal	Greasy P.S.	\$24,338.00
		Total	\$197,224.00

Full 1	Legal Name:	Nathanie	l Bunch				Date: _		8/24/2020
	. B G I			6 *					
Previ		ry (exclus	ive of fringe be	nefits):	o	<i>54.5</i> 11.00			
	Base Salary Times 80%				\$ \$	54,511.00 43,609.00			
	1 IIIIes 8070	Maximu	m Severance		Φ	43,009.00		\$	43,609.00
		Maximu	in Severance					Ψ	45,007.00
							No. of		
Logg	Weekly/Mont	hly Incom	o or Ronofits.				Pay Periods		
1)	Unemploymen	•	le of Delicitis.		\$	11,700.00	x *MBA	\$	(11,700.00)
1)	Onemploymen	11			Ψ	11,700.00	A WIDIT	Ψ	(11,700.00)
		Allowab	le Severance					\$	31,909.00
7 0.	D (•						
	_	,	in the appropria	te area)		250/			
2)	Voluntary - 2 OR	3%0		1		25%			
	Mandatory - 3	5%				0%			
	ividirately .	<i>3</i>				0,0			
3)	Years of Expe	erience		2					
	Times Yearly	Percentage	e (See below)			10%			
4)	Efforts in seek	-	employment						
	Active - 25%			1		25%			
	OR Non active	50/				00/			
	Non-active - :	3%				0%			
		Total Per	centage	•		60%			
		10141101	comage			0070			
Calc.	Severance Pa	y (Allowa	ble Severance t	times Percenta	ige)			\$	19,145.00
		TOTA	L SEVERA	NCE AMO	UNT			\$	19,145.00
		10171	E SE VEIG	IVEL TIMO	OIVI				17,145.00
		Years	of Experience						
	at Co		or Annexing D	istrict	Pe	rcentage			
	C)	to	5		10%			
	6	5	to	10		20%			

15

20

to

to

to

11

16

21

Other Justification for Reduction:

^{*} 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)

Date: _	Phone :
Full Leg	al Name: Nathaniel Deon Bunch
Address	City: State: Zip Code:
1.	Employment:
A.	Employer: Greasy Public School Position: Teacher/Coach / Bus Dive
B.	How long have you held this position? 2 years Full-time or part-time? Full Time
C.	What was your base salary for the past year, exclusive of fringe benefits? Touter. 46,411 Bus-8,100
	(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? Ves If no, please
	explain:
F.	If you were a teacher, were you career or probationary? Career
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? 105 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?
1.	If no, have you applied for employment with other districts in your area? \(\frac{1}{2} \) If yes, where?
	Zion School, Saquovah (Please provide documentation of your efforts to seek employment)
2.	Benefits:
Α.	Have you applied for unemployment benefits? \(\sqrt{c.S.} \) If yes, were you granted unemployment? \(\sqrt{c.S.} \)
B.	When did you apply? $\frac{7/19/20}{20}$ When did you or will you begin receiving benefits? $\frac{8/3/20}{20}$
C.	How much do you receive in monthly unemployment benefits? 1.876 (Please include documentation)
D.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
	Workers Compensation)? ND What kind? NA
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)? \(\frac{12}{20} \) When? \(\frac{12}{12} \) Were
	you approved? 10 (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: Debbie Dlugonski			Date: _		8/14/2020
Prev	vious Base Salary (exclusive of fringe benefits):					
	Base Salary	\$	48,396.00			
	Times 80%	\$	38,717.00			20 -1- 00
	Maximum Severance				\$	38,717.00
				No. of		
Less	Weekly/Monthly Income or Benefits:			Pay Periods		
1)	Unemployment	\$	11,700.00	x *MBA	\$	(11,700.00)
	Allowable Severance				\$	27,017.00
Tim	es Percentage (enter "1" in the appropriate area)					
2)	Voluntary - 25%	1	25%			
	OR					
	Mandatory - 5%	_	0%			
3)	Years of Experience 22	2				
,	Times Yearly Percentage (See below)	_	50%			
4)	Efforts in seeking other employment					
,	Active - 25%	1	25%			
	OR					
	Non-active - 5%		0%			
	Total Percentage		100%			
Calo	e. Severance Pay (Allowable Severance times Percen	tage)			\$	27,017.00
	TOTAL SEVERANCE AMO	DUNT			\$	27,017.00
						,
	Years of Experience					
	at Consolidated or Annexing District	_	ercentage			
	0 to	5	10%			

Ye	ars of Experience		
at Consolid	lated or Annexing District		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

Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c)

Date:	June 30,2020 Phone : Teacher Number:
Full Le	gal Name:Deborah K. Dlugonski
Address	City: State: Zip Code:
1.	Employment:
A.	Employer: Greasy Public School Position: Teacher
В.	How long have you held this position?22 years Full-time or part-time? _Full Time
C.	What was your base salary for the past year, exclusive of fringe benefits?48,396.00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 6/30/2020 Voluntary or mandatory?mandatory
E.	Were you a <u>working</u> 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?Career
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? _yes Were you offered
	employment?no (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? _yes If yes, where?
	_Stilwell ,Zion, Cave Spring(Please provide documentation of your efforts to seek employment
2.	Benefits:
A.	Have you applied for unemployment benefits? _yes If yes, were you granted unemployment? _yes
B.	When did you apply?7/28/20 When did you or will you begin receiving benefits? _8/3/20
C.	How much do you receive in monthly unemployment benefits? 1450.00(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? 8/4/20 Were
	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
	documentation)

Full 1	Legal Name: Jack Allison Fourkiller		Date:	8/20/2020
	ous Base Salary (exclusive of fringe benefits): Base Salary Times 80%	\$ 19,356.00 \$ 15,485.00		
	Maximum Severance	Ф 13,403.00		\$ 15,485.00
	Weekly/Monthly Income or Benefits:		No. of Pay Periods	
1)	Unemployment	\$ 5,954.00	x *MBA	\$ (5,954.00)
	Allowable Severance			\$ 9,531.00
Time	s Percentage (enter "1" in the appropriate area)			
2)	Voluntary - 25% OR	25%)	
	Mandatory - 5%	0%)	
3)	Years of Experience Times Yearly Percentage (See below)	10%)	
4)	Efforts in seeking other employment Active - 25%	25%		
	OR	2370	,	
	Non-active - 5%	0%)	
	Total Percentage	60%	-	
Calc.	Severance Pay (Allowable Severance times Percent	tage)		\$ 5,719.00
	TOTAL SEVERANCE AMO	DUNT		\$ 5,719.00
	Years of Experience			
	at Consolidated or Annexing District	Percentage	_	
	0 to 5	10%		

r ears of Experience			
at Consolidat	ed or Annexing District		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)

Date:	8-18-2020 Phone
Full Leg	gal Name: JACK ALLISON FOURKILLER
Address	
1.	Employment:
A.	Employer: Greasy Public School Position: Teacher
B.	How long have you held this position? 2 years Full-time or part-time? Part-time
C.	What was your base salary for the past year, exclusive of fringe benefits \$ 15,000
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: June 30, 2020 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)? 4.5 Were you offered employment? NO (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? YES If yes, where? ZION + SEQVOYAH (Please provide documentation of your efforts to seek employment)
2.	Benefits:
Α.	Have you applied for unemployment benefits? 465 If yes, were you granted unemployment? 465
B.	When did you apply? 5-31-2020 When did you or will you begin receiving benefits? 7-21-2020
C.	How much do you receive in monthly unemployment benefits? \$ 916 00 (Please include documentation)
D.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
	Workers Compensation)? What kind? Retirement
E.	On what date did you begin receiving or will you begin receiving benefits? May, 2017
F.	How much will you be receiving in monthly benefits? \$2,030.39 (Please include documentation)
G.	Did you apply for severance pay from the annexing/receiving district(s)? 465 When? 8-13-20 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?(Please include
	documentation)

Full 1	Legal Name: Deanna Hummingbird			Date:		8/25/2020
Dravi	ious Base Salary (exclusive of fringe benefits):					
TIEV	Base Salary	\$	55,328.00			
	Times 80%	\$	44,262.00			
	Maximum Severance				\$	44,262.00
				No. of		
				Pay		
	Weekly/Monthly Income or Benefits:	•	44 = 00 00	Periods		(11 = 00 00)
1)	Unemployment	\$	11,700.00	x *MBA	\$	(11,700.00)
	Allowable Severance				\$	32,562.00
Time	s Percentage (enter "1" in the appropriate area)					
2)	Voluntary - 25%		25%			
	OR	_				
	Mandatory - 5%		0%			
3)	Years of Experience 34	L				
- /	Times Yearly Percentage (See below)	_	50%			
4)	Efforts in seeking other employment					
• /	Active - 25%		25%			
	OR					
	Non-active - 5%		0%			
	Total Percentage		100%			
Calc.	Severance Pay (Allowable Severance times Percent	tage)			\$	32,562.00
			ı			
	TOTAL SEVERANCE AMO	JUNI			<u>\$</u>	32,562.00
	Years of Experience					
	at Consolidated or Annexing District	Pe	ercentage			
	0 to 5	5	10%			

Yea			
at Consolida	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)

Date	:: _	8-17-2020 Phone: (Teacher Number:
Full	Leg	gal Name: Deanna Sue Hummingbird
Addı	ress	City: State: Zip Code:
	1.	Employment:
	A.	Employer: Greasy Public School Position: Teacher
	В.	How long have you held this position? 34 yrs. Full-time or part-time? Full+time
	C.	What was your base salary for the past year, exclusive of fringe benefits? 55, 328, 00
		(Please include a copy of your signed teaching contract evidencing your salary agreement)
	D.	Date district was annexed or consolidated: June 30,2020 Voluntary or mandatory? Voluntary
	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? Career
,	G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? 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? Yes If yes, where? Zion Public School (Please provide documentation of your efforts to seek employment)
	2.	Benefits:
	A.	Have you applied for unemployment benefits? Ves If yes, were you granted unemployment? Ves
]	B.	When did you apply? $7-23-20$ When did you or will you begin receiving benefits? $8-6-2020$
	C.	How much do you receive in monthly unemployment benefits? [876 (Please include documentation)
. 1	D.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
		Workers Compensation)? Ves What kind? Teachers Retirement
]	E.	On what date did you begin receiving or will you begin receiving benefits? July 1, 2020
]	F.	How much will you be receiving in monthly benefits? 2401. 26 (Please include documentation)
(G.	Did you apply for severance pay from the annexing/receiving district(s)? 128 When? 8-12-20 Were
		you approved? <u>NO</u> (Please include documentation of your request and if denied, a copy of your denial)
1	Н.	If approved, how much are you receiving in severance allowance?(Please include
		documentation) up to 80% of vr. Salary
		Vr. Salary

Full 1	Legal Name:	Delores M	lartin					Date: _		9/28/2020
Previ	ious Base Sala	ry (exclusi	ve of fringe b	enefits):						
	Base Salary	• `	G		\$	42,021.00				
	Times 80%				\$	33,617.00				
		Maximun	n Severance						\$	33,617.00
								No. of		
_								Pay		
	Weekly/Montl	•	e or Benefits:		Φ.	11 =00 00		Periods		(44 =00 00)
1)	Unemploymen	nt			\$	11,700.00	X	*MBA	\$	(11,700.00)
		Allowable	e Severance						\$	21,917.00
Time	es Percentage	(enter "1" i	n the appropri	ate area)						
2)	Voluntary - 2:	,	11 1	1		25%				
,	OR				_					
	Mandatory - 5	5%				0%				
3)	Years of Exper	rience		7						
,	Times Yearly		(See below)		_	20%				
4)	Efforts in seek	ing other e	mployment							
	Active - 25%	C	1 2	1		25%				
	OR				_					
	Non-active - 5	5%				0%				
		Total Pero	entage			70%				
Calc.	Calc. Severance Pay (Allowable Severance times Percentage)								\$	15,342.00
	TOTAL SEVERANCE AMOUNT								\$	15,342.00
									•	, , , , ,
	Years of Experience									
	at Co:	nsolidated	or Annexing D			ercentage				
	0		to	5		10%				
	l 6		to	10	I	20%				

Y ear			
at Consolidat	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)

Date: _	09/15/20 20 Phone :
Full Le	gal Name: Delores Ray Isaacs Martin
Addres	s: City: State: Zip Code:
1.	Employment:
A.	Employer: Greasy Public School Position: First Grade Teacher
B.	How long have you held this position?
C.	What was your base salary for the past year, exclusive of fringe benefits? 42,021,00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: June 30, 2020 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 annexed or consolidated/receiving district(s)? Yes Were you offered
	employment? No (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? <u>Yes</u> If yes, where? Rocky Mountain School (Please provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? Ves If yes, were you granted unemployment? Ves
B.	Have you applied for unemployment benefits? \sqrt{es} If yes, were you granted unemployment? \sqrt{es} When did you apply? $\sqrt{65/15/2020}$ When did you or will you begin receiving benefits? $\sqrt{65/17/2020}$
C.	How much do you receive in monthly unemployment benefits? [1804] (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? Refirement
E.	Workers Compensation)? No What kind? Refirement On what date did you begin receiving or will you begin receiving benefits? 08/1992
F.	How much will you be receiving in monthly benefits? 1789.77 (Please include documentation)
G.	Did you apply for severance pay from the annexing/receiving district(s)? VC \ When? \(\frac{1}{202D} \) Were
	you approved? No (Please include documentation of your request and if denied, a copy of your denial)
Н.	
	documentation)

Full 1	Legal Name:	Frances Cale	en Riddle				Da	ate:		8/19/2020
Previ	ious Base Sala Base Salary Times 80%	ry (exclusive Maximum S		efits):	\$ \$	41,095.00 32,876.00			\$	32,876.00
		Maniful	everance						Ψ	22,070.00
Less	Weekly/Mont l Unemploymen	•	r Benefits:]	\$	-	Po	No. of Pay eriods MBA	\$	
		Allowable S	everance						\$	32,876.00
Time 2)	es Percentage Voluntary - 2: OR	,	he appropriate	area)		25%				
	Mandatory - 5	5%				0%				
3)	Years of Expe Times Yearly		ee below)	43		50%				
4)	Efforts in seek Active - 25% OR	ring other emp	oloyment	1		25%				
	Non-active - 5	5%				0%				
		Total Percen	tage			100%				
Calc.	Calc. Severance Pay (Allowable Severance times Percentage)							- -	\$	32,876.00
	TOTAL SEVERANCE AMOUNT						:	\$	32,876.00	
	0		Annexing Dist to	5	Pe	ercentage				
	6)	to	10		20%				

15

20

40% 50%

Other	Justifica	ation for	Reduct	tion:

to

to

to

11

16

21

^{*} 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

Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c)

Date: A	Teacher Number
Full Leg	al Name: Frances "Caleen" Riddle
Address	City State Zip Code:
1.	Employment:
A.	Employer: Greasy School Position: Teacher
B.	How long have you held this position? 43415. Full-time or part-time? Full time
C.	What was your base salary for the past year, exclusive of fringe benefits? # 41,095.00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: Tune 30, 2020 Voluntary or mandatory? Mandatory/vo
E.	Were you a working employee of the district on the date listed above?
	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)?
	employment? NO (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? VES 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)? Yes What kind? Teacher Ret. / DOC. Sec.
E.	Workers Compensation)? Yes What kind? Teacher Ret. Soc. Sec. On what date did you begin receiving or will you begin receiving benefits? 8.2008
F.	How much will you be receiving in monthly benefits? 1859.29/1785 (Please include documentation)
G.	Did you apply for severance pay from the annexing/receiving district(s)? Yes When? 8-5-2000 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

Full 1	Legal Name: Sandy Ritter		Date:	8/20/2020
	ious Base Salary (exclusive of fringe benefits): Base Salary Times 80% Maximum Severance	\$ 39,783.00 \$ 31,826.00		\$ 31,826.00
Less	Weekly/Monthly Income or Benefits: Unemployment	\$ -	No. of Pay Periods X *MBA	\$
	Allowable Severance			\$ 31,826.00
2)	s Percentage (enter "1" in the appropriate area) Voluntary - 25% OR Mandatory - 5%	25% 0%		
3)	Years of Experience Times Yearly Percentage (See below)	10%		
ŕ	Efforts in seeking other employment Active - 25% OR Non-active - 5%	25%		
	Total Percentage	60%		
Calc.	Severance Pay (Allowable Severance times Percent		\$ 19,096.00	
	TOTAL SEVERANCE AMO		\$ 19,096.00	
	Years of Experience at Consolidated or Annexing District 0 to 5	Percentage 10%		

Yea			
at Consolida	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



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

Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c)

Date: _	8-17-20 Phone	acher Number: _
Full Leg	egal Name: Sandra (Sandy) Jo Ri	Her
	City:	State: Zip Code
1.		
A.		Teacher
B.		
C.	. What was your base salary for the past year, exclusive of fringe be	nefits 739,183.00
	(Please include a copy of your signed teaching contract evidencing	•
D.	. Date district was annexed or consolidated: 6-30-20 Volu	intary or mandatory? <u>Voluntary</u>
E.		ve? Yes If no, please
	explain: Contract ending June 30	
F.	. If you were a teacher, were you career or probationary?	reer
G.	. Did you apply for a job with the annexed or consolidated/receiving	g district(s)? / Were you offered
	employment? (Please provide documentation from the c	listrict(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 you	area? Yes If yes, where?
7	Zion, Cave Spring S (Please provide documenta	tion of your efforts to seek employment)
2.	Benefits:	
A.	. Have you applied for unemployment benefits? NO If yes, we	re you granted unemployment?
В.	. When did you apply? When did you or will you	begin receiving benefits?
C.		
D.	. Have you applied for or are you receiving any other form of emplo	yment assistance (ie. Retirement,
	Workers Compensation)? What kind? Ketice	
E.	On what date did you begin receiving or will you begin receiving	penefits? 2010
F.	On what date did you begin receiving or will you begin receiving he lost. How much will you be receiving in monthly benefits?	Deposit Please include documentation,
G.	. Did you apply for severance pay from the annexing/receiving distr	ict(s)? Yes When? 8-13-20 Were
	you approved? NO (Please include documentation of your requ	est and if denied, a copy of your denial)
Н.	. If approved, how much are you receiving in severance allowance?	(Please include

Full 1	Legal Name:	Karen Elaine	Wolfe				Date:		8/20/2020
-									
Previ		ry (exclusive	of fringe benef	iits):	Φ.	44.010.00			
	Base Salary Times 80%			_	\$	44,019.00 35,215.00			
	1 IIIIes 8070	Maximum S	everance		Φ	33,213.00		\$	35,215.00
		Waximum S	everunee					Ψ	23,213.00
							No. of		
Lacc	Weekly/Mont	hly Income o	r Ranafits:				Pay Periods		
1)	Unemploymen	-	Denents.		\$	_	x *MBA	\$	_
1)	Onemploymen	10		_	Ψ		X WIDIT	Ψ	
		Allowable S	everance					\$	35,215.00
Time	es Percentage	(enter "1" in t	he appropriate a	ırea)					
2)	Voluntary - 2	5%		1		25%			
	OR								
	Mandatory - 3	5%				0%			
3)	Years of Expe	rience		3					
,	Times Yearly		ee below)			10%			
4)	Efforts in seek		loyment			2.50/			
	Active - 25%			1		25%			
	OR Non-active - 3	50/				0%			
	Non-active	370				070			
		Total Percent	tage	-		60%			
Calc.	Calc. Severance Pay (Allowable Severance times Percentage)							<u>\$</u>	21,129.00
	TOTAL SEVERANCE AMOUNT						\$	21,129.00	
		IOIAL	SE V EKANC	L AMO	UNI			D	21,129.00
		Years of Ex	xperience	Ι					
	at Co		Annexing Distri	ict	Pe	rcentage			
	C)	to	5	_	10%			
	6		to	10		20%			
	11		to	15		30%			

20

40%

to

to

16

21

Other Justification for Reduction:

^{*} 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)

Date	e: _	X-18-2020 Phone:
Full	Le	gal Name: Karen Elaine Wolfe
Add	ress	City:State: <u>/</u>
	1.	Employment:
	A.	Employer: Greasy School Position: Special Education Teacher
	B.	How long have you held this position? 3 years Full-time or part-time? Both (Explanation at
	C.	What was your base salary for the past year, exclusive of fringe benefits? Please see attached as it (Please include a copy of your signed teaching contract evidencing your salary agreement)
	D.	Date district was annexed or consolidated: 6-30-20 Voluntary or mandatory? Voluntary
	E.	Were you a <u>working</u> 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)? $\sqrt{25}$ 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? Yes If yes, where?
		Care Springs, Zion (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?
	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)
1	D.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
		Workers Compensation)? No What kind?
1	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? 8-11-20 Were
		you approved? MO (Please include documentation of your request and if denied, a copy of your denial)
1	Н.	If approved, how much are you receiving in severance allowance?(Please include
		documentation)

Full 1	Legal Name:	Michael I	Dale Wolfe				Date:		8/18/2020
-									
Previ	ious Base Sala	ry (exclusi	ive of fringe	benefits):	C	<i>(5.</i> 220.00			
	Base Salary Times 80%				<u>\$</u> \$	65,329.00 52,263.00			
	Times 8070	Maximur	n Severance		φ	32,203.00		\$	52,263.00
		WithAllia	n severance					Ψ	32,200.00
							No. o	f	
Less	Weekly/Montl	hly Incom	e or Benefits	•			Pay Period	s	
1)	Unemploymen	•	0 01 201101105	•	\$	11,700.00	x *MB		(11,700.00)
,	1 3					,		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
		Allowabl	e Severance					\$	40,563.00
Time	es Percentage	(enter "1" :	in the annron	riate area)					
2)	Voluntary - 25	,	ш ше арргорі	1		25%			
-)	OR					_0 ,,,			
	Mandatory - 5	5%				0%			
					_				
3)	Years of Exper			5					
	Times Yearly	Percentage	(See below)			10%			
4)	Efforts in seek	ing other e	mployment						
ĺ	Active - 25%		•	1		25%			
	OR				- -				
	Non-active - 5	5%				0%			
		Total Pero	centage			60%			
		10001101	7-1111180			0070			
Calc. Severance Pay (Allowable Severance times Percentage)						\$	24,338.00		
	TOTAL SEVERANCE AMOUNT							\$	24,338.00
		X 7	CE :		1				
	at Car		f Experience or Annexing	District	D ₀	rcentage			
	0		to	District 5		10%			
	I				1	1070			

Yea			
at Consolida	nted or Annexing District		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)

Date: Aug. 18, 2020 Phone:
Full Legal Name: Michael Dale Wolfe
Address: State: State:
1. Employment: A. Employer: Greasy Public School Position: Superintendent Princip B. How long have you held this position? Syears Full-time or part-time? Full Nime
C. What was your base salary for the past year, exclusive of fringe benefits? \$ 65, 329.00
(Please include a copy of your signed teaching contract evidencing your salary agreement) D. Date district was annexed or consolidated: Type 30, 2022 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)? 1/95 Were you offered
employment? NO (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? 1/25 If yes, where? (Please provide documentation of your efforts to seek employment)
2) Cave Spring School
2. Benefits:
A. Have you applied for unemployment benefits? y 25 If yes, were you granted unemployment? y 25
B. When did you apply? July 8, 2020 When did you or will you begin receiving benefits? July 20, 2020
C. How much do you receive in monthly unemployment benefits? \$2,156 (Please include documentation)
D. Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
Workers Compensation)? yes What kind? Teacher Betire Ment
E. On what date did you begin receiving or will you begin receiving benefits? August, 2012
F. How much will you be receiving in monthly benefits? 2,539 (Please include documentation)
G. Did you apply for severance pay from the annexing/receiving district(s)? $\sqrt{r5}$ When? Aug. 13,2020Were
you approved? Nb (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? \triangle / \triangle (Please include
documentation)

Keyes Public Schools Mandatory Annexation to Boise City Public Schools - Cimarron County - June 30, 2020 Congressional District No. 3

Certified Staff Reques	sting Severance		Severance Amount
Kenna Black	Teacher/Counselor	Keyes P.S.	\$12,713.00
Virginia Born	Teacher	Keyes P.S.	\$14,134.00
Freida Burgess	Shared Superintendent	Keyes P.S.	\$11,520.00
		Total	\$38,367.00
Support Staff Request	ting Severance		Severance Amount
Toni Dianne Broaddus	Para./Support	Keyes P.S.	\$3,072.00
Samantha Foust	Para./Support	Keyes P.S.	\$11,851.00
Jessica Hinds	Para./Support	Keyes P.S.	\$11,712.00
Lorena Newmon	Support	Keyes P.S.	\$4,716.00
David Spell	Maintenance	Keyes P.S.	\$2,995.00
		Total	\$34,346.00

Grand Total

\$72,713.00

Full	Legal Name: Kenna Black		Date: _		8/18/2020
Dwar	ious Doss Colomy (avaluaiva of fuings honofits).				
Prev	ious Base Salary (exclusive of fringe benefits): Base Salary	\$ 39,728.00			
	Times 80%	\$ 31,782.00			
	Maximum Severance			\$	31,782.00
			No. of Pay		
Less	Weekly/Monthly Income or Benefits:		Periods		
1)	Unemployment	\$ -	x *MBA	\$	
	Allowable Severance			\$	31,782.00
Time	es Percentage (enter "1" in the appropriate area)				
2)	Voluntary - 25%	0%			
,	OR	•			
	Mandatory - 5%	5%			
3)	Years of Experience 2				
	Times Yearly Percentage (See below)	10%			
4)	Efforts in seeking other employment				
Ź	Active - 25%	25%			
	OR				
	Non-active - 5%	0%			
	Total Percentage	40%			
Calc	. Severance Pay (Allowable Severance times Percent		\$	12,713.00	
	TOTAL SEVERANCE AMO	OUNT		\$	12,713.00
	Years of Experience	_			
	at Consolidated or Annexing District	Percentage			

at Cons	at Consolidated or Annexing District					
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)

Date: _	8-\\- 20 Phone:
Full Leg	al Name: Kenna Lee Black
Address	City: State Cip Code
1.	Employment:
A.	Employer: Keyes School Position: 3 grade Counselor
В.	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? \$\frac{\psi}{39728},
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 6-30-20 Voluntary or mandatory? mondatory
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?
	Did you apply for a job with the annexed or consolidated/receiving district(s)? Ves 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?
I.	If no, have you applied for employment with other districts in your area? Ves, where?
	Felt 2020 (Please provide documentation of your efforts to seek employment)
	Forgan 3/16/20, Fort Cobb- Broxton 3-4-29, Hemmon 3-3-20,
2.	Benefits: Cerside 3/3/20 gracemont 2-26-20, Mul hall-Orlando 7-26-30
A.	Forgan 3/16/20; Fort Cobb- Broxton 3-4-20, Hemmon 3-3-20, Benefits: Coving ton 2/26/29 Cimarron 2-21-20 Have you applied for unemployment benefits? 1 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)? VESWhen? 8-2-20 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
	decumentation

Full	Legal Name: Ginger Born			Date: _		8/18/2020
Drox	ious Base Salary (exclusive of fringe benefits):					
1160	Base Salary (exclusive of fininge benefits).	\$	44,167.00			
	Times 80%	\$	35,334.00			
	Maximum Severance				\$	35,334.00
				N. C		
				No. of Pay		
Less	Weekly/Monthly Income or Benefits:			Periods		
1)	Unemployment	\$	-	x *MBA	\$	
	Allowable Severance				\$	35,334.00
757.						
71m(2)	es Percentage (enter "1" in the appropriate area) Voluntary - 25%		0%			
2)	OR		070			
	Mandatory - 5%	1	5%			
3)	Years of Experience	2				
3)	Times Yearly Percentage (See below)	<u>-</u>	10%			
4)	Efforts in seeking other employment	1	250/			
	Active - 25% OR	1	25%			
	Non-active - 5%		0%			
	Total Percentage		40%			
Calc. Severance Pay (Allowable Severance times Percentage)					\$	14,134.00
TOTAL SEVERANCE AMOUNT					\$	14,134.00
	TOTAL DEVENTIVE ANI	J U 1 1 1	L		Ψ	11,101.00
	Years of Experience					
	at Consolidated or Annexing District	P	ercentage			
	0 to	5	10%			

at Cons	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 AUG 1 8 2020 P

Application for Severance Allowance 70 O.S. § 7-203(B)(1)(c)

Date: _	81320 Phone: Teacher Number							
Full Le	Full Legal Name: Francis Virginia Born							
Address								
1.	Employment:							
A.	Employer: Rokoyes School Position: 50.52 Tracher							
В.	How long have you held this position? 2 years Full-time or part-time? Lull 1: me							
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: Time 28 Voluntary or mandatory? 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? Cores							
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? yes 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?							
ĭ.	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)							
н.	If approved, how much are you receiving in severance allowance?(Please include							
	documentation)							



Full	Legal Name:	Freida Burge	ess				Date: _	9/1/2020
Prev	ious Base Sala	ary (exclusive	of fringe ber	nefits):				
	Base Salary				\$	72,000.00		
	Times 80%				\$	57,600.00		
		Maximum S	Severance					\$ 57,600.00
							No. of	
							Pay	
Less	Weekly/Mont	thly Income o	r Benefits:				Periods	
1)	Unemployme	nt			\$	-	x *MBA	\$
		Allowable S	everance					\$ 57,600.00
Time	es Percentage	(enter "1" in t	the appropriat	e area)				
2)	Voluntary - 2					0%		
,	OR							
	Mandatory -	5%		1		5%		
3)	Years of Expe	erience		2				
	Times Yearly	Percentage (S	see below)			10%		
4)	Efforts in seel	king other emp	oloyment					
	Active - 25%)				0%		
	OR							
	Non-active -	5%		1		5%		
		Total Percen	tage	•		20%		
Calc	. Severance Pa	ay (Allowable	Severance ti	mes Percenta	ige)			\$ 11,520.00
		TOTAL	SEVERAN	ICE AMO	UNT			\$ 11,520.00
		Years of E	xperience	<u> </u>				(See Notes)
	at Co	onsolidated or	-	strict	Pe	ercentage		(2001:0002)
)	to	5		10%		
	(5	to	10		20%		
	11	1	to	15		30%		
	16	6	to	20		40%		
	21	1	to	25		50%		
	O41 I 4°6°	4' C D	J., .4					

Other Justification for Reduction:

Notes: Shared Superintendent with Keyes and Optima

Not apply with Boise City-no administrative positions available

^{*} 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)

Date:	8-31-2020 Phone:
Full Leg	gal Name: Freida Burgess
Address	
1.	Employment:
A.	Employer: Keyes Public School Position: Superintendent
B.	How long have you held this position? 24rs Full-time or part-time? Full-time?
C.	What was your base salary for the past year, exclusive of fringe benefits? 72,000.00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: wasolidated Voluntary or mandatory? wandator C
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? NC
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? None 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?
	Optima Public School (Please provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? NA If yes, were you granted unemployment? NA
B.	When did you apply? MA When did you or will you begin receiving benefits? NA
C.	How much do you receive in monthly unemployment benefits? NA (Please include documentation)
D.	Have you applied for or are you receiving any other form of employment assistance (ie. Retirement,
	Workers Compensation)? NA What kind? NA
E.	On what date did you begin receiving or will you begin receiving benefits?
F.	How much will you be receiving in monthly benefits? $\mathcal{N}\mathcal{A}$ (Please include documentation)
G.	Did you apply for severance pay from the annexing/receiving district(s)? When? When? Were
	you approved? MA (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)

ll Legal Name: Toni Dianne Broadd	ıs (Hockett)				Date:	8/25/2020
evious Base Salary (exclusive of fring Base Salary Times 80% Maximum Severand	_	<mark>\$</mark> \$	19,200.00 15,360.00			\$ 15,360.00
ss Weekly/Monthly Income or Benefit Unemployment		\$	-	X	No. of Pay Periods *MBA	\$ _
Allowable Severance	e			_		\$ 15,360.00
mes Percentage (enter "1" in the appro	onriate area)					
Voluntary - 25% OR	prince area;		0%			
Mandatory - 5%	1		5%			
Years of Experience Times Yearly Percentage (See below	2		10%			
Efforts in seeking other employment Active - 25% OR			0%			
Non-active - 5%	1		5%			
Total Percentage	_		20%			
Calc. Severance Pay (Allowable Severance times Percentage)					,	\$ 3,072.00
TOTAL SEVE	RANCE AMOU	JNT			;	\$ 3,072.00
Years of Experience at Consolidated or Annexim		Per	centage			(See Note)
0 to	5		10%			
6 to	10		20%			
11 to	15		30%			
16 to 21 to	20		40% 50%			
	25		5/10/-			

^{*} 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)

Date: 2	<u> </u>
Full Le	gal Name: Toni DiAnn Broadus (Hockett)
	State: Zip Code
1.	Employment:
A.	Employer: Leves Public School Position: Administrative Assistant
В.	How long have you held this position? 1.5 years Full-time or part-time? Full
C.	What was your base salary for the past year, exclusive of fringe benefits? \$12 an he 140 hes week.
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 1-1-20 Voluntary or mandatory? Mandadory
E.	Were you a working employee of the district on the date listed above? No If no, please
	explain: last day was 6-31-20 before annexation w/ Keyes &Boise Ci
F.	explain: 10st any was 6-31-20 before annexation w/ Keyes &Boise Cityou were a teacher, were you career or probationary?
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? \(\frac{1}{2} \) Were you offered employment? \(\frac{1}{2} \) (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? NO If yes, where?
	(Please provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? 465 If yes, were you granted unemployment? 10405
В.	When did you apply? 4 25 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)? \(\frac{10}{20} \) When? \(\frac{8}{11} \) \(\frac{20}{20} \)
	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
	documentation)

Full 1	Legal Name: Samantha Foust				Date:		9/1/2020
Previ	ious Base Salary (exclusive of fringe benefits):						
	Base Salary	\$	37,035.00				
	Times 80% Maximum Severance	\$	29,628.00			\$	29,628.00
	Maximum Severance					Þ	29,020.00
					No. of		
T	WashleyMandhley Income on Danofiton				Pay		
1)	Weekly/Monthly Income or Benefits: Unemployment	\$		v	Periods *MBA	\$	_
1)	Chempioyhich	Ψ		Λ	MIDA	Ψ	
	Allowable Severance					\$	29,628.00
Time	s Percentage (enter "1" in the appropriate area)						
2)	Voluntary - 25%		0%				
ĺ	OR						
	Mandatory - 5%	1	5%				
3)	Years of Experience	2					
- /	Times Yearly Percentage (See below)		10%				
4)	Efforts in seeking other employment						
	Active - 25%	1	25%				
	OR						
	Non-active - 5%		0%				
	Total Percentage		40%				
Calc.	Calc. Severance Pay (Allowable Severance times Percentage)						11,851.00
	TOTAL SEVERANCE AMOUNT					\$	11,851.00
	V 05	1					
	Years of Experience		Damaants				
	at Consolidated or Annexing District 0 to	5	Percentage 10%				
		0	20%				

		0	
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: _	9-1-20 Phone:Teacher Number:
Full L	egal Name: Samantha Dawn Foust
Addre	ss: City: State: Zip Code
1.	
Α	. Employer: Keyes Public Schools Position: Teacher
В	1 11 11
C	
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D	. Date district was annexed or consolidated: 6-30-20 Voluntary or mandatory? Manda fory
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?probationary?probationary
G	
Н	
I.	If no, have you applied for employment with other districts in your area? Yes If yes, where? Your borough DK and (Please provide documentation of your efforts to seek employment) Hardes ty, OK
2.	Benefits:
Α	. 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	
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? 7-28-20 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)

Full l	Legal Name: Jessica Hinds			Date:	8/26/2020
	ous Base Salary (exclusive of fringe benefits): Base Salary Times 80% Maximum Severance		\$ 36,601.00 \$ 29,281.00		\$ 29,281.00
Less	Weekly/Monthly Income or Benefits: Unemployment	_	\$ -	No. of Pay Periods X *MBA	\$
	Allowable Severance				\$ 29,281.00
2)	S Percentage (enter "1" in the appropriate area) Voluntary - 25% OR Mandatory - 5% Years of Experience Times Yearly Percentage (See below)	1 2	0% 5% 10%		
4)	Efforts in seeking other employment Active - 25% OR	1	25%		
	Non-active - 5%		0%		
	Total Percentage	-	40%	•	
Calc.	Severance Pay (Allowable Severance times P	ercenta	ge)		\$ 11,712.00
	TOTAL SEVERANCE	AMOU	UNT		\$ 11,712.00
	Years of Experience at Consolidated or Annexing District 0 to	5	Percentage 10%		

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

Other Justification for Reduction:

^{*} 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:	8-6-2020 Phone: Teacher Number:
Full L	egal Name: Jessica Dawn Hinds
Addre	City: State Zip Code
1.	Employment:
A.	Employer: <u>hoyes Public School</u> Position: <u>Teacher / Para Professiona</u> How long have you held this position? <u>1/2</u> Full-time or part-time? <u>Full-Time</u>
B.	How long have you held this position? 1/2 Full-time or part-time? Full-Time?
C.	What was your base salary for the past year, exclusive of fringe benefits? 36,600,00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	100
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? Probationary?
G.	Did you apply for a job with the annexed or consolidated/receiving district(s)? 105 Were you offered
	employment? <u>NO</u> (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? If yes, where?
	(Please provide documentation of your efforts to seek employment)
	(s seem provide documentation of your efforts to seek employment)
2.	Benefits:
A.	Have you applied for unemployment benefits? NO 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)? Yes When? 8-6-2020 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)

uII	Legal Name:	Lorena Newmon					Date: _	8/18/2020
revi	ious Base Sala	ry (exclusive of fringe bo	enefits):					
	Base Salary	- , (g		\$	29,474.00			
	Times 80%			\$	23,579.00			
		Maximum Severance						\$ 23,579.00
							No. of	
.ess	Weekly/Mont	hly Income or Benefits:					Pay Periods	
)	Unemploymen	•		\$	_	X	*MBA	\$ _
,		•	<u>-</u>	Ψ		٠٠.	1,1211	
		Allowable Severance						\$ 23,579.00
ime	es Percentage	(enter "1" in the appropria	ate area)					
)	Voluntary - 2:	5%			0%			
	OR							
	Mandatory - 5	5%	1		5%			
)	Years of Expe		5					
	Times Yearly	Percentage (See below)			10%			
)		ing other employment						
	Active - 25%				0%			
	OR	•0./			7 0 /			
	Non-active - 5	5%	1		5%			
		Total Percentage	_		20%			
alc.	Severance Pa	y (Allowable Severance	times Percentaș	ge)				\$ 4,716.00
		TOTAL SEVERA	NCE AMOU	UNT				\$ 4,716.00
		Years of Experience	T					(See Note)
	at Co	nsolidated or Annexing D	istrict	Pe	rcentage			
	0	to	5		10%			
	6		10		20%			
	11		15		30%			
	16		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 1 OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date:	8-14-20 Phone Teacher Number:
Full Le	gal Name: Lorena Newmon
Address	City: State: Zip Code
1.	Employment:
A.	Employer: Keyes High School Position: Head COOK
B.	How long have you held this position? 5 years Full-time or part-time? Full time
C.	What was your base salary for the past year, exclusive of fringe benefits? \$29,474.00
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: 30 June 2020 Voluntary or mandatory? Mandatory
E.	Were you a working employee of the district on the date listed above? Ve5 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? (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? NO 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?
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)
Н.	If approved, how much are you receiving in severance allowance?(Please include
	documentation)

ı un	Legal Name: Dav	vid Spell					Date: _		8/20/2020
Prev	Base Salary Times 80%	exclusive of fringe benefi		<mark>\$</mark> \$	12,480.00 9,984.00			\$	9,984.00
	1412	iximum Severance						Ф	3,704.00
		Income or Benefits:		\$		V	No. of Pay Periods *MBA	\$	
1)	Unemployment			Φ <u></u>	-	X	WIDA	J	<u>-</u>
	All	owable Severance						\$	9,984.00
Tim	es Percentage (ente	er "1" in the appropriate ar	rea)						
2)	Voluntary - 25%				0%				
	OR				5 0 /				
	Mandatory - 5%		l		5%				
3)	Years of Experience	ce	6						
	Times Yearly Perc	entage (See below)			20%				
4)	Efforts in seeking	other employment							
,	Active - 25%	1 3			0%				
	OR								
	Non-active - 5%		1		5%				
	Tot	tal Percentage	_		30%				
Calo	. Severance Pay (A	Allowable Severance time	s Percentag	ge)				\$	2,995.00
	TO	OTAL SEVERANC	E AMOU	JNT				\$	2,995.00
		Years of Experience							(See Note)
		idated or Annexing Distric		Per	centage				
	0 6	to to	5 10		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 1 OF THE FISCAL YEAR IMMEDIATELY FOLLOWING THE FISCAL YEAR IN WHICH THE ANNEXATION OR CONSOLIDATION OCCURRED

Date:	Y-17-20 PhoneTeacher Number:
Full Le	gal Name: David Van Horn Spell
Address	City: tate: Zip Code:
1.	Employment:
A.	Employer: Keyes Schools Position: Maintenance
В.	How long have you held this position? 54r5 +8 MO Full-time or part-time? Full + 1 me
C.	
	(Please include a copy of your signed teaching contract evidencing your salary agreement)
D.	Date district was annexed or consolidated: July 1-2010 Voluntary or mandatory? 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)? 45 Were you offered employment? ND (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?
L	If no, have you applied for employment with other districts in your area? NO 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? NO
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, /UC) 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)? No 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)

Keyes Public Schools Mandatory Annexation to Boise City Public Schools - Cimarron County - June 30, 2020 Congressional District No. 3

Comparison of Severance Amount pending Type of Annexation

Certified Staff Reques	ting Severance		Mandatory Severance Amount	Voluntary Severance Amount	Diff.
Kenna Black	Teacher/Counselor	Keyes P.S.	\$12,713.00	\$ 19,069.00	\$6,356.00
Virginia Born	Teacher	Keyes P.S.	\$14,134.00	\$ 21,200.00	\$7,066.00
Freida Burgess	Shared Superintendent	Keyes P.S.	\$11,520.00	\$ 23,040.00	\$11,520.00
		Total	\$38,367.00	\$ 63,309.00	\$24,942.00
Support Staff Request	ing Severance		Mandatory Severance Amount	Voluntary Severance Amount	Diff.
Toni Dianne Broaddus	Para./Support	Keyes P.S.	\$3,072.00	\$ 6,144.00	\$3,072.00
Samantha Foust	Para./Support	Keyes P.S.	\$11,851.00	\$ 17,777.00	\$5,926.00
Jessica Hinds	Para./Support	Keyes P.S.	\$11,712.00	\$ 17,569.00	\$5,857.00
Lorena Newmon	Support	Keyes P.S.	\$4,716.00	\$ 9,432.00	\$4,716.00
David Spell	Maintenance	Keyes P.S.	\$2,995.00	\$ 4,992.00	\$1,997.00
		Total	\$34,346.00	\$ 55,914.00	\$21,568.00
		Grand Total	\$72,713.00	\$ 119,223.00	\$ 46,510.00

Full 1	Legal Name:	Kenna Black						Date:		8/18/2020
_										
Prev	ious Base Sala Base Salary	ry (exclusive (of fringe benefit	· ·	\$	39,728.00				
	Times 80%			_	\$ \$	31,782.00				
	111103 0070	Maximum Se	everance		Ψ	31,702.00			\$	31,782.00
										,
								No. of Pay		
Less	Weekly/Mont	hly Income or	Benefits:					Periods		
1)	Unemploymen				\$	-	X	*MBA	\$	-
		Allowable Se	verance						\$	31,782.00
Time	es Percentage	(enter "1" in th	e appropriate ar	ea)						
2)	Voluntary - 2:	`	ie appropriate ar	1		25%				
,	OR									
	Mandatory - 5	5%				0%				
3)	Years of Expe	rience		2						
0)	_	Percentage (Se	e below)			10%				
4)	Efforts in seek	ing other empl	oyment							
	Active - 25%			1		25%				
	OR Non-active - 5	50/2				0%				
	Non-active	770				070				
		Total Percent	age	_		60%				
Calc.	. Severance Pa	y (Allowable S	Severance times	s Percenta	ge)				\$	19,069.00
		TOTALS	EVERANC	F AMOI	INT			:	\$	19,069.00
		IUIALS	E I ENAITC		U1 4 1			:	Ψ	17,007.00
		Years of Ex	perience							
	at Co		Annexing Distric	t	Pe	rcentage				
	0		to	5		10%				
	6		to	10		20%				

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Other	Justifics	ation for	r Redu	ction:

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^{*} MBA - Maximum Benefit Allowance

Full 1	Legal Name:	Ginger Born					Date:		8/18/2020
ъ .	. D C l								
Previ	ious Base Sala Base Salary	ry (exclusive of f	ringe benefits):	\$	44,167.00				
	Times 80%			\$	35,334.00				
	111105 0070	Maximum Seve	rance	Ψ	33,33 1.00			\$	35,334.00
									,
							No. of Pay		
Less	Weekly/Mont	hly Income or Be	enefits:				Periods		
1)	Unemploymen			\$	-	X	*MBA	\$	_
		Allowable Seven	rance					\$	35,334.00
Time	s Percentage	(enter "1" in the a	nnronriate area)						
2)	Voluntary - 2:	`	1		25%				
,	OR			_					
	Mandatory - 5	5%			0%				
3)	Years of Expe	rience	2						
0)	-	Percentage (See b	elow)		10%				
4)		ing other employ	ment						
	Active - 25%		1		25%				
	OR Non-active - 5	50/2			0%				
	Non-active - 2) / 0		_	070				
		Total Percentage	:		60%				
Calc.	. Severance Pa	y (Allowable Sev	verance times Percent	age)				\$	21,200.00
		TOTAL SEX	VERANCE AMO	IINT	•			\$	21,200.00
				0111				Ψ	21,200.00
		Years of Expen	rience						
	at Co	nsolidated or Ann		Pe	ercentage				
	0		5		10%				
	6	to	10		20%				

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40%

50%

21	to
Other Justification	for Reduction:

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^{*} MBA - Maximum Benefit Allowance

Full	Legal Name:	Freida Burgess				Date:		9/1/2020
Dway	vious Dasa Sals	ywy (ovolusiwo of fri	nga hanafita).					
rrev	Base Salary	ary (exclusive of fri		\$	72,000.00			
	Times 80%			\$	57,600.00			
		Maximum Severa		•	,		\$	57,600.00
								•
						No. of		
Less	s Weekly/Mont	thly Income or Ben	efits:			Pay Periods		
1)	Unemploymen	•		\$	_	x *MBA	\$	_
,	1 3		_				<u> </u>	
		Allowable Severa	nce				\$	57,600.00
Tim	es Percentage	(enter "1" in the app	propriate area)					
2)	Voluntary - 2	25%	1		25%			
	OR							
	Mandatory -	5%			0%			
3)	Years of Expe	erience	2					
	Times Yearly	Percentage (See bel	ow)		10%			
4)	Efforts in seel	king other employm	ent					
	Active - 25%	1			0%			
	OR							
	Non-active -	5%	1		5%			
		Total Percentage	_		40%			
Calo	c. Severance Pa	ay (Allowable Seve	rance times Percenta	ge)			\$	23,040.00
		TOTAL SEV	ERANCE AMOU	UNT			\$	23,040.00
		Years of Experie	ence					(See Notes)
	at Co	onsolidated or Annex		Pε	ercentage			(See Hotes)
		to	5		10%			
	ϵ	5 to	10		20%			
	11	l to	15		30%			
	16	5 to	20		40%			
	21	l to	25		50%			
	Othor Instifi	cation for Raductic	·n•					

Other Justification for Reduction:

Notes: Shared Superintendent with Keyes and Optima

Not apply with Boise City-no administrative positions available

^{*} MBA - Maximum Benefit Allowance

<mark>\$</mark> \$	19,200.00 15,360.00			
\$	15,360.00			
	,		Φ.	1.7.2.0.00
			\$	15,360.00
		No. of		
		Pay		
C			C	
D	-	X WIBA	Þ	-
			\$	15,360.00
1	25%			
	0%			
2				
	10%			
	0%			
1	5%			
	40%			
entage)			\$	6,144.00
IOUNT	Γ		\$	6,144.00
				(See Note)
5				
23	3070			
	P	1 25% 0% 2 10% 1 5% 40% Percentage 5 10% 10 20% 15 30% 20 40%	Pay Periods * MBA 1 25% 0% 1 0% 2 10% 40% Phay Periods *MBA *MBA *MBA *MBA *MBA *MBA 10% 10% 10% 10% 10 20% 15 30% 20 40%	Pay Periods x *MBA \$ 1

^{*} MBA - Maximum Benefit Allowance

Full 1	Legal Name:	Samantha Foust					Date:		9/1/2020
			.						
Previ		ry (exclusive of	fringe benefits):		Φ	27.025.00			
	Base Salary Times 80%			_	\$ \$	37,035.00 29,628.00			
	1 IIIICS 00 / 0	Maximum Sev	erance		Ф	29,028.00		\$	29,628.00
		Waximum Sev	.i ance					Ψ	27,020.00
							No. o		
Logg	Wookly/Mont	hly Income or B	anafits:				Pay Period		
1)	Unemploymer	•	enerits.		\$	_	x *MB		_
1)	Chempleymer				Ψ		A TIE	Ψ	
		Allowable Seve	rance					\$	29,628.00
Time	es Percentage	(enter "1" in the	appropriate area)						
2)	Voluntary - 2			1		25%			
,	OR								
	Mandatory - 3	5%				0%			
3)	Years of Expe	rience		2					
,	_	Percentage (See	below)			10%			
4)	Efforts in seek	ing other employ	rment						
•,	Active - 25%	ang omer empre,		1		25%			
	OR								
	Non-active - 3	5%				0%			
		Total Percentag	e	_		60%			
	C	(All 11 G		4	>			•	15 555 00
Calc.	Severance Pa	iy (Allowable Se	verance times Pe	rcenta	ge)			\$	17,777.00
		TOTAL SE	VERANCE A	MOU	UNT			\$	17,777.00
		Years of Expe	rience						
	at Co	nsolidated or An			Pe	rcentage			
	0			5	<u></u>	10%			
	6	to		10		20%			
	11	to		15		30%			

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40%

50%

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Other Justification for Reduction:

^{*} MBA - Maximum Benefit Allowance

Full 1	Legal Name:	Jessica Hinds						Date:		8/26/2020
ъ.	. B G I									
Previ	ious Base Sala Base Salary	ry (exclusive of	fringe benefits)		\$	36,601.00				
	Times 80%			_	\$	29,281.00				
	111103 0070	Maximum Sev	erance		Ψ	27,201.00			\$	29,281.00
									•	,
								No. of		
Less	Weekly/Mont	hly Income or 1	Benefits:					Pay Periods		
1)	Unemploymer				\$	-	X	*MBA	\$	-
				_			•			
		Allowable Sev	erance						\$	29,281.00
Time	s Percentage	(enter "1" in the	appropriate area	1)						
2)	Voluntary - 2	`	appropriate area	1		25%				
,	OR		_							
	Mandatory - 3	5%				0%				
3)	Years of Expe	rience		2						
0)	-	Percentage (See	below)			10%				
4)		king other emplo	yment	_						
	Active - 25%			1		25%				
	OR Non-active - 3	50%				0%				
	Non-active	<i>37</i> 0	<u></u>			070				
		Total Percenta	ge	_		60%				
Calc.	. Severance Pa	ıv (Allowable S	everance times I	Percenta	ge)				\$	17,569.00
										<u> </u>
		TOTAL SI	EVERANCE	AMO	UNI				\$	17,569.00
		Years of Exp	erience							
	at Co		nexing District		Pe	rcentage				
	0		0	5		10%				
	6	t t	O	10		20%				

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50%

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Other Justification for Reduction:

^{*} MBA - Maximum Benefit Allowance

ull Legal Name: Lorena Newmo	n				Date: _	8/18/2020
revious Base Salary (exclusive of	fringe benefits):					
Base Salary	_	\$	29,474.00			
Times 80%		\$	23,579.00			
Maximum Sev	erance					\$ 23,579.00
					No. of	
					Pay	
ess Weekly/Monthly Income or I					Periods	
Unemployment	_	\$	-	X	*MBA	\$
Allowable Sev	erance					\$ 23,579.00
imes Percentage (enter "1" in the	appropriate area)					
Voluntary - 25%	1		25%			
OR						
Mandatory - 5%			0%			
Years of Experience	5					
Times Yearly Percentage (See	below)		10%			
Efforts in seeking other emplo	yment					
Active - 25%			0%			
OR						
Non-active - 5%	1		5%			
Total Percentag	ge _		40%			
alc. Severance Pay (Allowable S	everance times Percenta	ge)				\$ 9,432.00
TOTAL SI	VERANCE AMOU	UNT				\$ 9,432.00
Years of Exp	erience					(See Note)
at Consolidated or Aı		Pe	rcentage			
0 t			10%			
6 t			20%			
11 t			30%			
16 t			40% 50%			
Other Justification for Redu	<u>'</u>		3070			
Note: Only applied to Boise (

^{*} MBA - Maximum Benefit Allowance

'ull]	Legal Name:	David Spell				D	ate:		8/20/202
'revi	ious Base Sala Base Salary	ry (exclusive of fr	inge benefits):	\$	12,480.00				
	Times 80%		•	\$	9,984.00				
		Maximum Sever	ance	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	9,984.00
									,
							No. of		
066	Waakly/Mant	hly Income or Ber	afits:				Pay eriods		
(55	Unemploymer	•	ients.	\$			MBA	•	
,	Onemploymen	It	<u>.</u>	Φ	-	Α	WIDA	Þ	
		Allowable Severa	nnce					\$	9,984.00
ime	s Percentage	(enter "1" in the ap	propriate area)						
)	Voluntary - 2	5%	1		25%				
	OR								
	Mandatory - 3	5%			0%				
	Years of Expe	erience	6						
	_	Percentage (See be	low)		20%				
	Efforts in soal	king other employm	ant						
	Active - 25%	ang omer employin	lCIII		0%				
	OR				070				
	Non-active - 3	5%	1		5%				
	Non-active	370	1		370				
		Total Percentage	-		50%				
alc.	Severance Pa	y (Allowable Seve	rance times Percenta	ige)				\$	4,992.0
		TOTAL SEV	ERANCE AMO	UNT			:	\$	4,992.00
		Years of Experi	ence						(See Note)
	at Co	nsolidated or Anne	xing District	Per	rcentage				
	0) to	5		10%				
	6	to	10		20%				
	11	to	15		30%				
	16	to	20		40%				
	21	to	25		50%				

^{*} MBA - Maximum Benefit Allowance