



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: September 28, 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. Allen	Custodian	Terral P.S.	Congressional District 4
Ms. Anderson	Superintendent	Terral P.S.	Congressional District 4
Mr. Foster	Teacher	Terral P.S.	Congressional District 4
Ms. Foster	Office Manager	Terral P.S.	Congressional District 4
Ms. Irvin	Teacher	Terral P.S.	Congressional District 4
Ms. Isaacs	Teacher	Terral P.S.	Congressional District 4
Ms. Ledbetter	Encumbrance Clerk	Terral P.S.	Congressional District 4
Ms. Loyd	Cafeteria	Terral P.S.	Congressional District 4
Ms. Martin	Cafeteria	Terral P.S.	Congressional District 4
Ms. Rainey	Paraprofessional	Terral P.S.	Congressional District 4
Ms. Vaught	Teacher	Terral P.S.	Congressional District 4
Ms. Weeks	Teacher	Terral P.S.	Congressional District 4
Mr. Wingfield	Paraprofessional	Terral P.S.	Congressional District 4

RW/rm
Attachments

Oklahoma Department of Education

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,

Oklahoma Department of Education

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.

Oklahoma Department of Education

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

Oklahoma Department of Education

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).

Oklahoma Department of Education

(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.

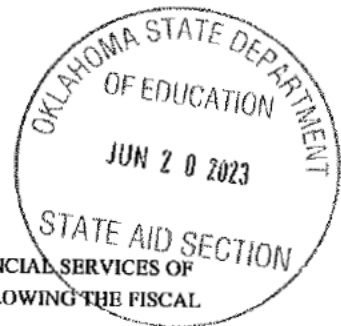
(9) Any petition, reconsideration, or hearing on the Board's final order regarding severance shall be made pursuant to, and governed by, the Due Process Procedures of the State Board of Education as outlined in 210:1-5-1 of the Oklahoma Administrative Code.

(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]



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: 6-15-23

Phone: [REDACTED]

Teacher Number: [REDACTED]

Full Legal Name: Sheryl Kay Allen

Address: [REDACTED]

1. Employment:

- A. Employer: Teeral Public School Position: Maintenance/Custodian
- B. How long have you held this position? 1 1/2 Full-time or part-time? Full time
- C. What was your base salary for the past year, exclusive of fringe benefits? \$19,000
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 6-30-23 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? _____
- 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? 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)? 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? 6-8-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Sheryl Kay Allen **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 19,000.00
Times 80% \$ 15,200.00

Maximum Severance \$ 15,200.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods		
1) Unemployment	\$ -	x	*MBA	\$	-
Teacher Retirement		x		\$	-
Workers Compensation		x		\$	-
Other employment		x		\$	-

Allowable Severance \$ 15,200.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%
OR
Mandatory - 5% 0%

3) Years of Service 1.5
Times Yearly Percentage (See below) 10%

4) Efforts in seeking other employment
Active - 25% 0%
OR
Non-active - 5% 1 5%

Total Percentage 40%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 6,080.00

TOTAL SEVERANCE AMOUNT

\$ 6,080.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 6-14-23 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Donna L. Anderson

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public School Position: Superintendent/Principal
- B. How long have you held this position? 34 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 108,000 Supt 64,800
(Please include a copy of your signed teaching contract evidencing your salary agreement) Princ 43,200
- D. Date district was annexed or consolidated: 6/30/23 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? _____
- 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?
Madill, Oak Dale, Dickson (Please provide documentation of your efforts to seek employment)
Piedmont

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)? 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? 6-8-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Donna Anderson **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 108,000.00
Times 80% \$ 86,400.00

Maximum Severance \$ 86,400.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$ -	x	*MBA	\$ -
Teacher Retirement		x		\$ -
Workers Compensation		x		\$ -
Other employment		x		\$ -

Allowable Severance \$ 86,400.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	1	25%
OR		
Mandatory - 5%		0%
3) Years of Service	3	
Times Yearly Percentage (See below)		10%
4) Efforts in seeking other employment		
Active - 25%	1	25%
OR		
Non-active - 5%		0%
Total Percentage		60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 51,840.00

TOTAL SEVERANCE AMOUNT

\$ 51,840.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 6-15-2023 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: BRET Lee Foster

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public Schools Position: Director of Trans. & merit
B. How long have you held this position? 3 years Full-time or part-time? Full Time.
C. What was your base salary for the past year, exclusive of fringe benefits? \$59,500
(Please include a copy of your signed teaching contract evidencing your salary agreement)
D. Date district was annexed or consolidated: 6-30-2023 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? Probationary
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? _____
(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)? 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? 6-8-2023 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? \$59,500. (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Bret Lee Foster **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 59,500.00
 Times 80% \$ 47,600.00

Maximum Severance \$ 47,600.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	<u>\$ -</u>
Teacher Retirement	<u></u>	x	<u></u>	<u>\$ -</u>
Workers Compensation	<u></u>	x	<u></u>	<u>\$ -</u>
Other employment	<u></u>	x	<u></u>	<u>\$ -</u>

Allowable Severance \$ 47,600.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%
OR
 Mandatory - 5% 0%

3) Years of Service 3
 Times Yearly Percentage (See below) 10%

4) Efforts in seeking other employment
 Active - 25% 1 25%
OR
 Non-active - 5% 0%

Total Percentage 60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 28,560.00

TOTAL SEVERANCE AMOUNT

\$ 28,560.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 6/15/23 Phone: [REDACTED] Teacher Number: _____

Full Legal Name: Nanette Foster

Address: [REDACTED]

1. Employment:

- A. Employer: Terrel Public School Position: Office Manager
- B. How long have you held this position? 6 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? \$47,618.
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 6/30/23 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? _____
- 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? N/A
- I. If no, have you applied for employment with other districts in your area? yes If yes, where?
Ryan Public School (Please provide documentation of your efforts to seek employment)
* See attached

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)? 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? 6/8/23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Nanette Foster **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 47,618.00
 Times 80% \$ 38,094.00

Maximum Severance \$ 38,094.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	<u>\$ -</u>
Teacher Retirement	<u></u>	x	<u></u>	<u>\$ -</u>
Workers Compensation	<u></u>	x	<u></u>	<u>\$ -</u>
Other employment	<u></u>	x	<u></u>	<u>\$ -</u>

Allowable Severance \$ 38,094.00

Times 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%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 26,666.00

TOTAL SEVERANCE AMOUNT

\$ 26,666.00

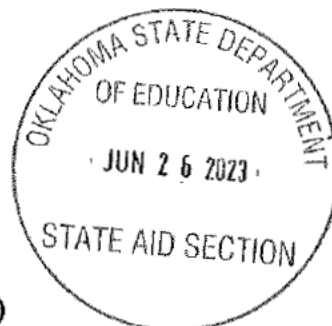
Years of Experience at Consolidated or Annexing District			Percentage
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

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: 6-15-23 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Kyla Marie Irvin

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public School Position: Math/Science/Art Teacher Elem: MS
B. How long have you held this position? 1yr Full-time or part-time? Full
C. What was your base salary for the past year, exclusive of fringe benefits? \$43,655
(Please include a copy of your signed teaching contract evidencing your salary agreement)
D. Date district was annexed or consolidated: 6/30/23 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? probationary
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? please see attachments (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)? 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? 6-8-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Kyla Marie Irvin **Date:** 6/26/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 43,655.00
 Times 80% \$ 34,924.00

Maximum Severance \$ 34,924.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	<u>\$ -</u>
Teacher Retirement	<u></u>	x	<u></u>	<u>\$ -</u>
Workers Compensation	<u></u>	x	<u></u>	<u>\$ -</u>
Other employment	<u></u>	x	<u></u>	<u>\$ -</u>

Allowable Severance \$ 34,924.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	<u>1</u>	25%
OR		
Mandatory - 5%	<u></u>	0%
3) Years of Service	<u>1</u>	
Times Yearly Percentage (See below)		10%
4) Efforts in seeking other employment		
Active - 25%	<u>1</u>	25%
OR		
Non-active - 5%	<u></u>	0%
Total Percentage		<u>60%</u>

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 20,954.00

TOTAL SEVERANCE AMOUNT

\$ 20,954.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 6/15/2023 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Aundria Chilbe Isaacs

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public School Position: Early Childhood Teacher
- B. How long have you held this position? 8 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 44,875.00
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 6/30/23 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? 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? Ryan Public School, Marietta, Ardmore, and Thackerville
(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? n/a
- B. When did you apply? n/a When did you or will you begin receiving benefits? n/a
- C. How much do you receive in monthly unemployment benefits? n/a (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? n/a
- E. On what date did you begin receiving or will you begin receiving benefits? n/a
- F. How much will you be receiving in monthly benefits? n/a (Please include documentation)
- G. Did you apply for severance pay from the annexing/receiving district(s)? yes When? 6/8/23 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? n/a (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Aundria Chiloe Isaacs **Date:** 6/21/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 44,875.00
 Times 80% \$ 35,900.00

Maximum Severance \$ 35,900.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	<u>\$ -</u>
Teacher Retirement	<u></u>	x	<u></u>	<u>\$ -</u>
Workers Compensation	<u></u>	x	<u></u>	<u>\$ -</u>
Other employment	<u></u>	x	<u></u>	<u>\$ -</u>

Allowable Severance \$ 35,900.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%

OR

Mandatory - 5% 0%

3) Years of Service 8
 Times Yearly Percentage (See below) 20%

4) Efforts in seeking other employment
 Active - 25% 1 25%

OR

Non-active - 5% 0%

Total Percentage 70%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 25,130.00

TOTAL SEVERANCE AMOUNT

\$ 25,130.00

Years of Experience at Consolidated or Annexing District			Percentage
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 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)

Please fill out and submit this form with all appropriate documentation to the Finance Division of the State Department of Education by September 1st of the fiscal year immediately following the fiscal year in which the annexation or consolidation occurred.

Date: 6/15/23 Home Phone: _____ Cell Phone: _____ Teacher Number: _____

Full Legal Name: Jamie B. Ledbetter

Address: _____

Email address: _____

1. Employment:

- A. Employer: Terral Public School Position: Encumbrance Clerk
- B. How long have you held this position? 4 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 24,000 (Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 6/30/23 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? _____
- G. Did you apply for a job with the annexing/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?
Lawton, Cache, Newcastle (Please provide documentation of your efforts to seek employment)
Chickasha

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)? 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? 6/8/23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Jamie B Ledbetter **Date:** 6/27/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 24,000.00
 Times 80% \$ 19,200.00

Maximum Severance \$ 19,200.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$ -	x	*MBA	\$ -
Teacher Retirement		x		\$ -
Workers Compensation		x		\$ -
Other employment		x		\$ -

Allowable Severance \$ 19,200.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%
OR
 Mandatory - 5% 0%

3) Years of Service 4
 Times Yearly Percentage (See below) 10%

4) Efforts in seeking other employment
 Active - 25% 1 25%
OR
 Non-active - 5% 0%

Total Percentage 60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 11,520.00

TOTAL SEVERANCE AMOUNT

\$ 11,520.00

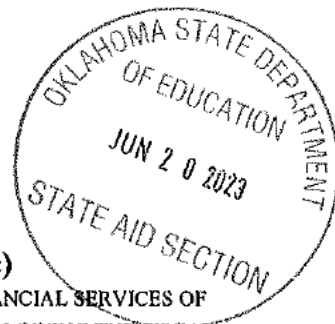
Years of Experience at Consolidated or Annexing District			Percentage
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

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: 6/15/23 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Laci Deann Loyd

Address: [REDACTED]

1. **Employment:**
 - A. Employer: Terra Public School Position: Cafeteria - Support
 - B. How long have you held this position? 12 years Full-time or part-time? Full
 - C. What was your base salary for the past year, exclusive of fringe benefits? \$13,630
(Please include a copy of your signed teaching contract evidencing your salary agreement)
 - D. Date district was annexed or consolidated: 6/30/23 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? _____
 - 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? Waukena Elementary (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)? 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? 6/8/23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Laci Deann Loyd **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary	\$	13,630.00	
Times 80%	\$	10,904.00	
Maximum Severance			\$ 10,904.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$	-	x	*MBA \$ -
Teacher Retirement			x	\$ -
Workers Compensation			x	\$ -
Other employment			x	\$ -
Allowable Severance				\$ 10,904.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	1	25%
OR		
Mandatory - 5%		0%
3) Years of Service	12	
Times Yearly Percentage (See below)		30%
4) Efforts in seeking other employment		
Active - 25%	1	25%
OR		
Non-active - 5%		0%
Total Percentage		80%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 8,723.00

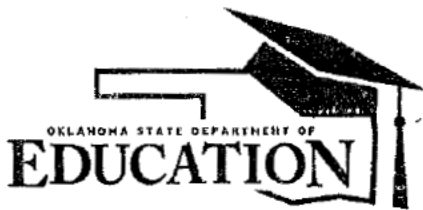
TOTAL SEVERANCE AMOUNT

\$ 8,723.00

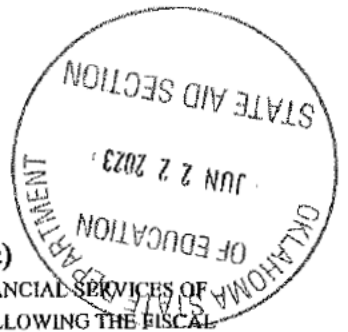
Years of Experience at Consolidated or Annexing District			Percentage
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

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)(e)

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: 6-15-2023 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Rutha Jean Martin

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public School Position: Cafeteria - Support
- B. How long have you held this position? 16 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 13,630
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 6-30-23 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? _____
- 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? No If yes, where? Ryan
Family medical Emergency (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)? 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? 6-8-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Cynthia Jean Martin **Date:** 6/22/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 13,630.00
Times 80% \$ 10,904.00

Maximum Severance \$ 10,904.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$ -	x	*MBA	\$ -
Teacher Retirement		x		\$ -
Workers Compensation		x		\$ -
Other employment		x		\$ -

Allowable Severance \$ 10,904.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	1	25%
OR		
Mandatory - 5%		0%
3) Years of Service	16	
Times Yearly Percentage (See below)		40%
4) Efforts in seeking other employment		
Active - 25%		0%
OR		
Non-active - 5%	1	5%
Total Percentage		70%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 7,633.00

TOTAL SEVERANCE AMOUNT

\$ 7,633.00

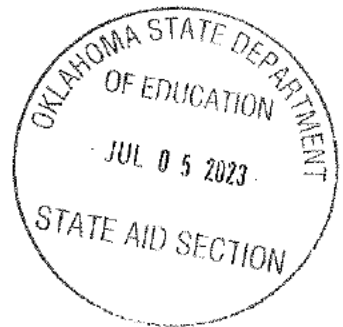
Years of Experience at Consolidated or Annexing District			Percentage
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

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: 06-15-23 Phone: [REDACTED] Teacher Number: _____

Full Legal Name: Ashley Raye Rainey

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public School Position: Support
- B. How long have you held this position? 2 year Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 12,800.00
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 06-30-23 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? _____
- 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? 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)? 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? 06-08-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Ashley Raye Rainey **Date:** 7/5/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 12,800.00
Times 80% \$ 10,240.00

Maximum Severance \$ 10,240.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$ -	x	*MBA	\$ -
Teacher Retirement		x		\$ -
Workers Compensation		x		\$ -
Other employment		x		\$ -

Allowable Severance \$ 10,240.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	1	25%
OR		
Mandatory - 5%		0%
3) Years of Service	2	
Times Yearly Percentage (See below)		10%
4) Efforts in seeking other employment		
Active - 25%		0%
OR		
Non-active - 5%	1	5%
Total Percentage		40%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 4,096.00

TOTAL SEVERANCE AMOUNT

\$ 4,096.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 08/08/13 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Kayla Vaught

Address: [REDACTED]

1. Employment:

- A. Employer: Terral Public Schools Position: Teacher
- B. How long have you held this position? 4 yrs Full-time or part-time? Full
- C. What was your base salary for the past year, exclusive of fringe benefits? 43,655
(Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: 06/30/23 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? 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? N/A
- I. If no, have you applied for employment with other districts in your area? yes If yes, where?
Ryan, Duncan, Rush Springs, Ponca City (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
- B. When did you apply? NA 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? NA
- F. How much will you be receiving in monthly benefits? NA (Please include documentation)
- G. Did you apply for severance pay from the annexing/receiving district(s)? Yes When? 6-8-23 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? NA (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Kayla Vaught **Date:** 8/8/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 38,255.00
 Times 80% \$ 30,604.00

Maximum Severance \$ 30,604.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	<u>\$ -</u>
Teacher Retirement	<u></u>	x	<u></u>	<u>\$ -</u>
Workers Compensation	<u></u>	x	<u></u>	<u>\$ -</u>
Other employment	<u></u>	x	<u></u>	<u>\$ -</u>

Allowable Severance \$ 30,604.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%

OR

Mandatory - 5% 0%

3) Years of Service 4
 Times Yearly Percentage (See below) 10%

4) Efforts in seeking other employment
 Active - 25% 1 25%

OR

Non-active - 5% 0%

Total Percentage 60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 18,362.00

TOTAL SEVERANCE AMOUNT

\$ 18,362.00

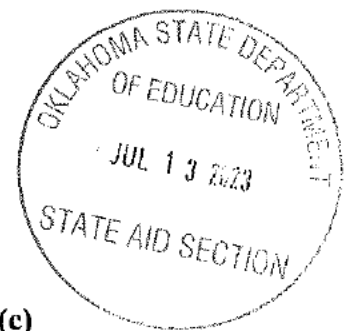
Years of Experience at Consolidated or Annexing District			Percentage
0	to	5	10%
6	to	10	20%
11	to	15	30%
16	to	20	40%
21	to	25	50%

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: 6/19/2023 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: Bobbi Dawn Weeks

Address: [REDACTED]

1. Employment:

A. Employer: TERRAL Public School Position: ELA TEACHER

B. How long have you held this position? 11/3/22-8/23 Full-time or part-time? Full time

C. What was your base salary for the past year, exclusive of fringe benefits? 30,000

(Please include a copy of your signed teaching contract evidencing your salary agreement)

D. Date district was annexed or consolidated: 6/30/23 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? 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?

KINGSTON Public Schools
Silo Public Schools (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)? 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? June 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: Bobbi Dawn Weeks **Date:** 7/13/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 30,000.00
Times 80% \$ 24,000.00

Maximum Severance \$ 24,000.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods	
1) Unemployment	\$ -	x	*MBA	\$ -
Teacher Retirement		x		\$ -
Workers Compensation		x		\$ -
Other employment		x		\$ -

Allowable Severance \$ 24,000.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25%	1	25%
OR		
Mandatory - 5%		0%
3) Years of Service	0.5	
Times Yearly Percentage (See below)		10%
4) Efforts in seeking other employment		
Active - 25%	1	25%
OR		
Non-active - 5%		0%
Total Percentage		60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 14,400.00

TOTAL SEVERANCE AMOUNT

\$ 14,400.00

Years of Experience at Consolidated or Annexing District			Percentage
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: 6-15-23 Phone: [REDACTED] Teacher Number: [REDACTED]

Full Legal Name: David Othell Wingfield

Address: [REDACTED]

1. Employment:

A. Employer: Terral Public School Position: Support

B. How long have you held this position? 2 yrs Full-time or part-time? Full-time

C. What was your base salary for the past year, exclusive of fringe benefits? \$12,405

(Please include a copy of your signed teaching contract evidencing your salary agreement)

D. Date district was annexed or consolidated: 6-30-23 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? _____

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? Comanche Public School (Please provide documentation of your efforts to seek employment)

on-going communication
Waurika Public School - in person

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)? 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? 6-8-23 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? _____ (Please include documentation)

Oklahoma State Department of Education

Full Legal Name: David Othell Wingfield **Date:** 6/20/2023

Previous Base Salary (exclusive of fringe benefits):

Base Salary \$ 12,605.00
 Times 80% \$ 10,084.00

Maximum Severance \$ 10,084.00

Less Weekly/Monthly Income or Benefits:

			No. of Pay Periods		
1) Unemployment	<u>\$ -</u>	x	<u>*MBA</u>	\$	-
Teacher Retirement	<u></u>	x	<u></u>	\$	-
Workers Compensation	<u></u>	x	<u></u>	\$	-
Other employment	<u></u>	x	<u></u>	\$	-

Allowable Severance \$ 10,084.00

Times Percentage (enter "1" in the appropriate area)

2) Voluntary - 25% 1 25%
OR
 Mandatory - 5% 0%

3) Years of Service 2
 Times Yearly Percentage (See below) 10%

4) Efforts in seeking other employment
 Active - 25% 1 25%
OR
 Non-active - 5% 0%

Total Percentage 60%

Calc. Severance Pay (Allowable Severance times Percentage)

\$ 6,050.00

TOTAL SEVERANCE AMOUNT

\$ 6,050.00

Years of Experience			Percentage
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