

SEDALIA SCHOOL DISTRICT #200

TERMINATION FORM

This form is to be used for all terminations

Employee Name (please print) _____

Position _____ Building(s) _____

Termination Date: _____

Termination reason: _____

Eligible for severance pay: ☐ Yes ☐ No

How will employee's last check be issued:

☐ Mail to Address: _____

☐ Pick up at Central Office

Tiger Legacy Grow Your Own Teacher: ☐ Yes ☐ No

Administrator/Supervisor Signature _____

ADMINISTRATOR/SUPERVISOR USE ONLY

☐ Access Card ☐ Keys ☐ Property (phone, laptop, etc.) ☐ P-Card ☐ Uniforms ☐

☐ Food Service Balance: \$ _____ ☐ Other _____

FOR CENTRAL OFFICE USE ONLY

☐ Processed by Human Resources (date & initial) _____

Employee ID _____ ☐ SISFIN ☐ SISK12 ☐ Tech Dept

☐ Processed by Payroll Dept (date & initial) _____

☐ Frontline ☐ Leave ☐ Lunch Fees ☐ HR Portal Purge

Hire Date ____/____/____ Sick Leave Payout: Y / N Unemployment Contest: Y / N

Insurance Benefits: YES / NO Benefits effective until ____/____/____

ACA Event SISFIN: ____/____/____ Retirement Termination ____/____/____

CC: ☐ MOSIS ____/____/____ ☐ Payroll ____/____/____ ☐ Ins. ____/____/____