



**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 1<sup>st</sup> of the fiscal year immediately following the fiscal year in which the annexation or consolidation occurred.

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Teacher Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

**1. Employment:**

- A. Employer: \_\_\_\_\_ Position: \_\_\_\_\_
- B. How long have you held this position? \_\_\_\_\_ Full-time or part-time? \_\_\_\_\_
- C. What was your base salary for the past year, exclusive of fringe benefits? \_\_\_\_\_ (Please include a copy of your signed teaching contract evidencing your salary agreement)
- D. Date district was annexed or consolidated: \_\_\_\_\_ Voluntary or mandatory? \_\_\_\_\_
- E. Were you a working employee of the district on the date listed above? \_\_\_\_\_ If no, please explain:  
\_\_\_\_\_
- F. If you were a teacher, were you career or probationary? \_\_\_\_\_
- G. Did you apply for a job with the annexing/receiving district(s)? \_\_\_\_\_ Were you offered employment? \_\_\_\_\_  
(Please provide documentation from the district(s) of your offer or denial)
- H. If yes, did you accept the position and on what date will you begin work? \_\_\_\_\_
- I. If no, have you applied for employment with other districts in your area? \_\_\_\_\_ If yes, where?  
\_\_\_\_\_(Please provide documentation of your efforts to seek employment)

**2. Benefits:**

- A. Have you applied for unemployment benefits? \_\_\_\_\_ If yes, were you granted unemployment? \_\_\_\_\_
- B. When did you apply? \_\_\_\_\_ When did you or will you begin receiving benefits? \_\_\_\_\_
- C. How much do you receive in monthly unemployment benefits? \_\_\_\_\_ (Please include documentation)
- D. Have you applied for or are you receiving any other form of employment assistance (ie. Retirement, Workers Compensation)? \_\_\_\_\_ What kind? \_\_\_\_\_
- E. On what date did you begin receiving or will you begin receiving benefits? \_\_\_\_\_
- F. How much will you be receiving in monthly benefits? \_\_\_\_\_ (Please include documentation)
- G. Did you apply for severance pay from the annexing/receiving district(s)? \_\_\_\_\_ When? \_\_\_\_\_ Were you approved? \_\_\_\_\_ (Please include documentation of your request and if denied, a copy of your denial)
- H. If approved, how much are you receiving in severance allowance? \_\_\_\_\_ (Please include documentation)