



# Employee's Request for Severance Pay

The undersigned, an employee with ten (10) or more years of service for the Warren City School District, hereby requests severance pay in accordance with the Board Policy and in accordance with the latest negotiated contract.

I understand that I may receive severance pay only once and that my acceptance of severance pay shall eliminate all sick leave credit accrued as of the effective date of my retirement. With the exception of retirement, all other legal deductions subject to regular payroll will be deducted from severance pay.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## **TO BE COMPLETED BY EMPLOYEE:**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee No: \_\_\_\_\_

Position at time of retirement: \_\_\_\_\_ Building: \_\_\_\_\_

Age at the end of the **calendar year** of retirement: \_\_\_\_\_

Effective date of retirement (e.g. 6/1, 7/1, 8/1): \_\_\_\_\_

In accordance with section 7.02 of the WEA contract, payment will be made within thirty (30) work days of receipt by the Treasurer of written evidence of retirement into the State Teachers Retirement System.

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## **TO BE COMPLETED BY TREASURER'S OFFICE:**

Date Board accepted request for retirement: \_\_\_\_\_

Number of accumulated sick leave days on effective date of retirement: \_\_\_\_\_

Number of accumulated sick leave days allowable for severance pay: \_\_\_\_\_

Annual contract amount at retirement: \$ \_\_\_\_\_

Daily Rate: \$ \_\_\_\_\_ (for WEA members, daily rate determined by WEA contract at 7.022)

Amount due employee: \$ \_\_\_\_\_ Short Code: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete and Send form to the Office of Human Resources**  
105 High Street, NE, Warren, OH 44481  
Phone: (330) 841-2321