



SEPARATION / LEAVE OF ABSENCE

PLEASE PRINT OR TYPE

Last Name: _____ First: _____ MI: _____ SS#: _____/_____/_____

Current Mailing Address: _____

City/State/Zip: _____ Phone No.: (____) _____

Personal E-mail Address: _____

Department/School: _____ Location No.: _____ Work Phone No.: (____) _____

- Licensee* School Police Support Staff Unified*

Position: _____

(Licensee: subject/assignment; grade; track) (Unified, Support Staff, Police: position; months; hours)

SEPARATION DATE: effective end of day ____/____/____

*A Request for Release from a Licensee/Unified Contract Form (CCF-164.1) must accompany this form if it is submitted mid-year, or after June 30, or after the employee has signed the Notice of Intent to Accept Reemployment per NRS 391.350.

Reason for Separation

- Retirement Disability Retirement
Medical Reason Moving to Another Nevada District/Remaining in Current Profession
Personal / Family Reasons Moving to Another State or Country/Remaining in Current Profession
Dissatisfied with District Accept Another Position/Leaving Profession
Dissatisfied with Community Accept Position in Another Bargaining Group
Return to School Other

CCSD USE ONLY

TERMINATION EFFECTIVE: ____/____/____

- Dismissal Failure to Complete Probation Reduction in Force

DEATH: ____/____/____

REQUEST FOR LEAVE OF ABSENCE (LOA)

Beginning ____/____/____ through ____/____/____ Leave documentation must be attached.

Leave requests cannot be processed without required documentation. All leave requests require approval of a Human Resources Administrator.

REASON FOR REQUEST:

- CHARTER SCHOOL MATERNITY / PATERNITY
EMPLOYEE NECESSITY MILITARY
MEDICAL PROFESSIONAL
WORKERS' COMPENSATION (Internal Use Only) (Occupational Injury)
REDUCTION IN FORCE (Licensee Personnel Only)
OTHER (SPECIFY): _____

HR USE ONLY

Leave Approved By: _____

Leave Denied By: _____

Date: _____

Have you participated in a CCSD Alternative Routes to Licensure (ARL) program: Yes No

**Employee's Signature (If signature not provided, explanation required by Supervising Administrator.)

Date Submitted

**Supervisor/Principal's Signature (As Applicable)

Date Signed

Authorized HR Representative's Signature

Date Signed

**Retain a copy for your records and forward to Human Resources Unit.

PAYROLL / HR USE ONLY:

Last Day of Paid Compensation: ____/____/____ Final Pay/Processing Date: ____/____/____