



**MADERA UNIFIED SCHOOL DISTRICT
SEPARATION NOTICE**

Name: _____ Position/Classification: _____

Social Security Number: _____ Department/School _____

Reason for Separation (Check one)

____ Retirement/Service ____ Retirement Medical ____ Illness/Disability ____ Resignation ____ Other

(Please specify below)

Comments: _____

Last Day Working: _____ Effective Date of Separation: _____

Mail Balance of Pay Warrant to the following address:

Employee may be eligible for continued health benefits under the following Federal Law:

(1) COBRA offered through our Insurance Broker, California's Valued Trust

If you have questions, or if you would like additional information regarding these benefits, please contact:
Stella Moosios, Benefits Technician, (559) 675-4500 ext 278.

My signature indicates that I am voluntarily submitting my irrevocable formal separation form Madera Unified School District.

Employee Signature _____ Date _____

Supervising Administrator Signature _____ Date _____

For Human Resources Use Only:

Date: _____ By: _____