



# ONEIDA SPECIAL SCHOOL DISTRICT

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Director

**Zacch Brown**  
Assistant Director

**Kim Burress**  
Special Education Supervisor

**Lori Marcum**  
Technology Coordinator

**Melinda McCartt**  
Coordinated School Health

I, \_\_\_\_\_, am officially giving notice of my retirement effective  
*(Name of Retiree)*

\_\_\_\_\_. I have accumulated \_\_\_\_\_ days of sick leave.  
*(Date of Retirement) (Number of Days)*

**It is my understanding that I will be receiving \$50.00 per day for all sick leave accumulated within the Oneida Special School District as of this date.**

**I will receive this payment (minus required deductions) on my final check or as soon as possible after retirement for this accumulated sick leave.**

\_\_\_\_\_  
**Employee/Retiree**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Ann Sexton, Director**

\_\_\_\_\_  
**Date**