

Sunflower County Consolidated School District

"United For Excellence"

EMPLOYMENT STATUS FORM B

Termination/Retirement/Resignation

PLEASE TYPE

Name: _____ Employment Action: Termination: _____

Address: _____ Retirement: _____

Resignation: _____

Telephone

Number: _____

(Attach letters.)

Social Security

Number: _____

Effective Date: _____

Full-
Time

Part-
Time _____

Position Title and # Days of

Employment: _____

Source of

Funding: _____

(Program Name, Title of Grant, Account Funding Code, etc.)

APPROVED: _____

Date: _____

(Supervisor/Principal)

(Fund Director/Coordinator)

Date: _____

(Superintendent)

Date: _____

SALARY ACTION

(To Be Completed by Central Office Staff)

Retirement, Resignation, Termination:

Last Day Worked: _____ Number of Days Worked: _____ Amount Paid to Date: _____

Amount Earned to Date: _____

Amount Owed to/from Employee: _____ Paid or Received On: _____

For Payroll Use Only:

Entered By/Date:

Verified By /Date: