SCHOOL DISTRICT 145

REQUEST FOR SEPARATION BENEFIT

Superintendent's Office
School District 145
P.O. Box 426
Waverly, NE 68462

I request that I receive a separation benefit of $_____

based on _____ years of credited service, and I hereby certify that I will be _____

years of age on August 31, 20____.

Upon approval of this request, I hereby submit my resignation from School District #145, effective July 1.

Further, I hereby waive my right to any claim on the unused sick leave severance pay described in the negotiated agreement with the Waverly Education Association (WEA).

_____ _____
Signature of Applicant Date

_____ _____
Address City State Zip

* * * * * * *

Approved: _____ _____
Superintendent of Schools Date