

EMPLOYEE SEPERATION
NC CYBER ACADEMY

Employee Name (exactly as shown on the social security card):

Mailing Address:

Telephone Number:

Social Security #:
(last four digits only)

Date of Separation:

(last day employee works)

Health Benefits End Date: _____ Not Applicable Dental

Benefits End Date: _____ Not Applicable

COBRA:

Other Deductions:

School Administrative Use Only

School Pay Policy: per Permanent Folder

Date of Last Check:(next Pay Date highly recommended)

Paid Time Off: _____ - Rate _____ X Number of Days _____
Accumulated
Severance: _____

Employee Signature (optional)

Date

Board of Director Signature (as Required by Policy)

Date

Principal Signature

Date

Board of Director Signature (as Required by Policy)

Date