

## Auxiliary Service Mobile Unit ERI and Severance for Public School District Personnel Requisition

## I. HEADER INFORMATION PUBLIC SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_ IRN \_\_\_\_\_ \_\_\_\_\_ CITY \_\_\_\_\_ ZIP PUBLIC SCHOOL ADDRESS **II. REQUEST INFORMATION** THE FOLLOWING INFORMATION IS REQUIRED FOR EACH AUXILIARY SERVICES PROGRAM FOR WHOM THE SCHOOL DISTRICT REQUEST REIMBURSEMENT FOR PAYMENT OF INCENTIVES FOR EARLY RETIREMENT AND SEVERANCE. (FOR AN EXPLANATION, PLEASE SEE ITEMS 1 THROUGH 6 ON THE INSTRUCTION PAGE.) (1) (3)(4)(5) (6) (7) EMPLOYEE'S NON-PUBLIC SCHOOL NON-PUBLIC YEARS OF EMPLOYMENT TOTAL PAYMENT % TOTAL TIME REIMBURSEMENT NAME NAME WHERE WORKED SCHOOL IRN FOR EARLY WORKED IN AMOUNT RETIREMENT AUXILIARY REQUESTED AND SEVERANCE SERVICES PROGRAM DISTRICT AUXIIIARY I HEREBY CERTIFY THAT THE ABOVE PERSONS WERE EMPLOYED BY THIS SCHOOL DISTRICT UNDER THE AUXILIARY SERVICES PERSONNEL PROGRAM TO RENDER SERVICES TO THE NON-PUBLIC SCHOOL(S) INDICATED. **III. SIGNATURES** SUPERINTENDENT SIGNATURE PRINTED SUPERINTENDENT NAME DATE TREASURER SIGNATURE PRINTED TREASURER NAME DATE FOR ODE USE ONLY (TO BE COMPLETED BY THE AREA COORDINATOR) RECOMMEND ☐ NOT RECOMMEND ☐ AREA COORDINATOR AUTHORIZATION OF REQUISITION SIGNATURE DATE MOBILE UNIT ADMINISTRATOR REQUISITION SIGNATURE