

DEPARTMENT OF EDUCATION HUMAN RESOURCES DIVISION

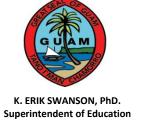
501 Mariner Avenue Barrigada, Guam 96913 Tel: (671) 475-0496



EMPLOYEE NOTICE OF SEPARATION – FORM A

(Submit Notice at Least Two (2) Weeks in Advance)

Contact No.:	Today's Date:
Employee's Name:	Effective Date of Separation:
Position Title:	School/Division:
Reason: RESIGNATION RETIREMENT	OTHER:
your separation from GDOE. For employees retiring, you must pr GovGuam Retirement Fund. When separating from DOE, the HR O from DOE. You will be contacted when the PA is ready for issuance. I up your Personnel Action. Form C may be completed by you or by so	received by the HR Office at least two (2) weeks in advance of the effective date of rovide HR with your original Retirement of Eligibility Certification Form from the office must prepare the appropriate Personnel Action (PA) to properly separate you lit is recommended that you Complete Forms B and C after you are contacted to pick-omeone you authorize in writing. Submit copies of Forms B and C with the HR Office are employees, an informational flyer about the retirement process is available upon
request from the Superintendent the opportunity to be rehired back to In exercising this privilege, the Superintendent may require you to complete an updated employment application form and attach a letter of the superintendent in the superintendent the opportunity to be rehired back to superintendent in the superintendent in th	plies only to permanent classified employees (in good standing) and allows you to to the same or comparable position within four (4) years from the date of resignation. compete with other candidates for consideration. When available for rehire, please ter addressed to the Superintendent requesting for re-employment. A copy of your Please remember that your re-employment eligibility is only valid for four (4) years allow regular job application procedures.
	ease communicate/coordinate with the Payroll Office regarding your last paycheck rance Form (Form C). If you are relocating off-island, please provide below and the
D. HUMAN RESOURCES CLEARANCE REQUIREMENTS (Informational from the HR Division: 1. Health/Dental Insurance Cancellation In the Language of the	
EMPLOYEE SIGNATURE: I hereby certify that all statements made or	n this notice are true and correct.
	Date:
Signature of Employee	
PRINCIPAL OR DIVISION HEAD ACKNOWLEDGMENT: Please have y before submitting a copy of the Form A to the Human Resources Divi Acknowledged:	your Principal or Division Head acknowledge your intentions to separate from DOE ision.
	Date:
Signature of Principal/Division Head	



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EXIT INTERVIEW QUESTIONNAIRE - FORM B

(Please Submit Completed Form to DOE Human Resources Office)

	Position Title: orksite: EIN: signation / Termination:		
Did you voluntarily quit?			
Reasons for leaving:			
Were you discharged?			
Give reasons:			
	PLEASE CIRCLE ONE		
Advancement Opportunities?	Satisfied	Dissatisfied	
Your Rate of Pay?	Satisfied	Dissatisfied	
Working Conditions?	Satisfied	Dissatisfied	
Your Supervisor?	Satisfied	Dissatisfied	
Job Training?	Satisfied	Dissatisfied	
Fellow Employees?	Satisfied	Dissatisfied	
Fringe Benefits?	Satisfied	Dissatisfied	
Other Reasons?	Satisfied	Dissatisfied	
Comments:			
Would you want to return to the Guam Department of If No, Why?		_	No 🗆



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JOVGUAM/WORKSITE SEPARATION CLEARANCE − FORM C

This form serves to ensure all employees are cleared of any/all obligations to the Department of Education and/or any other Government of Guam entity as listed below. All equipment in the employee's care or possession must be returned to the Department of Education.

INSTRUCTIONS: Separating Employee must clear with the Government of Guam entities and the Department of Education's Schools/Divisions in the order set forth below. Effective Date of Separation: Employee ID No. Employee Name: ______ Division/School: _____ Position Title: _____ Contact No.: _____ Forwarding Address: ALL EMPLOYEES MUST PROCEED WITH CLEARANCE ITEMS 1-3 IN THE ORDER BELOW YES – Indicates the Employee is not cleared and has an outstanding obligation due to the agency or pending clearance. **NO** – Indicates the Employee *is cleared* with no outstanding obligations. **OBLIGATIONS* REVIEWED** DATE: OTHER GOVERNMENT OF GUAM ENTITIES YES NO BY: Department of Revenue and Taxation (Collections Branch), Barrigada 2. Attorney General's Office, Child Enforcement Div. – ITC Building, Tamuning (9th Floor) OBLIGATIONS* **REVIEWED** DATE: 3. DEPARTMENT OF EDUCATION – Tiyan, Barrigada YES BY: A. Your School or Division (Separating School/Division) 1. Books/Materials 2. School/Division Keys 3. Equipment/Asset Tag #: ___ Curriculum & Instruction Division (Building B, Tiyan), 3rd Floor, Room 308 FSAIS/Information Technology Office Counter (Building A, Tiyan) Financial Affairs (Business Office) – Service Window (Building A, Tiyan) 1. Cash Disbursement 2. Travel Human Resources Division – Service Window (Bldg. B, Tiyan), 1st Floor, Rm 103. a. Records & Benefits (Cancellation of Health Insurance Benefits & Completion of HIPAA Form & Log if applicable). b. Return of Employee I.D. Badge Payroll Office – Service Window (Building B, Tiyan) 1st Floor, Room 100. (Bring Separation Forms & Approved Personnel Action Form) Note: After all clearances are obtained, submit this form back to the DOE Human Resources Office either by email at humanresources@gdoe.net or stop by our office in Tiyan, 501 Mariner Avenue, Bldg. B Room 103. Our office can be reached at 671-475-0496. * IF AN EMPLOYEE HAS AN OBLIGATION PENDING, PLEASE ANNOTATE ON THIS FORM OR ATTACH A SEPARATE SHEET EXPLAINING HOW OBLIGATION IS TO BE SATISFIED BY EMPLOYEE OR PROVIDE EXPLANATION ON THE OBLIGATION STATUS. I certify the information above to be true and correct to the best of my knowledge.

Date

Signature of Employee