



# SEPARATION FROM SERVICE

DOE OTM 300-011

Last Revised: 11/7/2019

Former DOE Form(s): DOE OHR 300-011

DEPARTMENT OF EDUCATION

Office of Human Resources (OTM)

Employee Records and Transactions Section

P.O. Box 2360 Honolulu, HI 96804

Mark one: ☐ Certificated Personnel  
☐ Classified (Civil Service/Support Services) Personnel

## I. EMPLOYEE INFORMATION

Name: \_\_\_\_\_ DOE Employee ID \_\_\_\_\_  
Last First M.I.  
Permanent Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_ Position No: \_\_\_\_\_  
School/Branch: \_\_\_\_\_ District/Office: \_\_\_\_\_  
Last Day of Employment \_\_\_\_\_  
MM/DD/YYYY

## II. NATURE OF SEPARATION (PLEASE MARK ONE ONLY)

The purpose of this section is to help the Department 1) properly process your separation; 2) collect data to understand why employees leave the Department so improvements may occur that will result in retaining employees.

### 1. Resignation - My most important reason for resigning is:

#### a. Employment:

☐ I have accepted a teaching job at (location/area): \_\_\_\_\_  
☐ I will be transferring to a Hawaii government agency (please name agency): \_\_\_\_\_  
as a (job title): \_\_\_\_\_ Effective date: \_\_\_\_\_  
MM/DD/YYYY

☐ I have accepted another job at (location): \_\_\_\_\_  
as a (job title): \_\_\_\_\_

☐ I am not able to meet the requirements for the position (reason): \_\_\_\_\_

☐ I have decided not to complete licensing/certification requirements (i.e. DCCA license, PRAXIS or other).

#### b. Personal:

☐ I will be providing care for a family member (relation/location): \_\_\_\_\_

☐ I will be providing care for my child.

☐ My health condition requires that I not work.

#### c. Education:

☐ I plan to start/continue my education at (location): \_\_\_\_\_

#### d. Work Place Environment: I am leaving because I am not satisfied with:

☐ Physical environmental conditions at my job ☐ The workload  
☐ Administrative support, Lack of ☐ My salary  
☐ My co-workers ☐ My job's location

#### e. Relocation:

☐ My spouse has accepted/reassigned a job (location): \_\_\_\_\_

☐ I will be leaving the State due to the cost of living in Hawaii.

☐ I will be moving close to my family.

### 2. Retirement ☐ \*See "Separation from Service Information" IIC. and IID.

## III. CERTIFICATION

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY  
Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY  
Assistant/Complex Area Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

**SEPARATION FROM SERVICE INFORMATION****I. EFFECTIVE DATE OF SEPARATION FROM SERVICE**

Part I, indicating the "*Last day of employment*" should be carefully considered by all employees resigning or retiring. This effective date pinpoints the exact day when the employee terminates his/her employment status; thus, it determines the termination of employee benefits such as compensation, health fund coverage and membership in the Employees' Retirement System as follows:

**A. Compensation**

Salary earnings terminate as of the *last day of employment*. Salary does not accrue on holidays or other compensable days occurring after the last day of employment.

**B. Payment of Earned Summer Salary**

Ten-month employees terminating their employment before the end of the school year should receive their earned summer salaries (if any) in one lump sum within four (4) to six (6) weeks after the last day of employment.

**C. Health Fund Coverage**

Employees should contact the Office of Talent Management, Health Benefits and Awards Unit for medical, dental and life insurance plans information.

**II. COMPLETION OF PROCEDURES FOR RESIGNATION OR RETIREMENT**

To prevent unnecessary delays in retirement dates, retiring employees should ensure that the following procedural details are complied with:

A. Submit DOE OTM 300-011 Separation From Service to principal or immediate supervisor at least 30 days prior to desired resignation or retirement date.

B. Submit all necessary leave papers to the principal or immediate supervisor immediately if leaves are to be taken before resignation or retirement. For example, certificated employees should complete form DOE OTM 300-001 (Application for Leave of Absence Certificated School-Level Employees) for leave requests such as sick leave with pay and leave without pay. Classified employees should complete form G-1 (Application for Leave of Absence) for leave requests such as vacation, sick leave and leave without pay.

C. For retirement only: Submit Retirement Form 18 (Application for Retirement) directly to the Employees' Retirement System thirty (30) to ninety (90) days prior to desired retirement date.

D. With the passage of Act 156 by the 2008 Hawaii State Legislature effective July 1, 2008, an individual who retired from a Hawaii State or County government agency must have been retired for at least one calendar year prior to being rehired by the same or another Hawaii State or County government agency.

E. Permanent Mailing Address - Please update your address since the form W-2 Wage and Tax Statement will be mailed to you using this address.

**III. QUESTIONS**

Questions concerning this form and related regulations should be directed to the principal, immediate supervisor or Personnel Regional Officer who will answer your questions or obtain the answers as necessary.

**Note to School/Office:** Upon notification of separation from service, prepare and submit G-2 and Form 7 directly to Payroll Unit.