Reset Form

(SF-239) ERI and Severance for Public School District Personnel

AUXILIARY SERVICES MOBILE UNIT REPLACEMENT AND REPAIR FUND

REQUEST FOR REIMBURSEMENT OF PAYMENT OF INCENTIVES FOR EARLY RETIREMENT AND SEVERANCE FOR SCHOOL DISTRICT PERSONNEL ASSIGNED TO PROVIDE AUXILIARY SERVICES

Please tab to the appropriate fields to enter your information, print, and then click on the Reset Form button.

School District _____ County _____ IRN # _____

Address _____

City _____ Zip

The following information is required for each Auxiliary Services Program person for whom the school districts 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) Employee's Name	(2) Non-public School Where Worked	(3) Years of Employment		(4) Total Payment for Early Retirement and Severance	(5) % Total Time Worked in Aux Serv Program	(6) Reimbursement Amount Requested
		District	Auxiliary			
					0.00%	
					0.00%	
					0.00%	

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 schools indicated.

Treasurer's Signature _____ Date _____

Local Superintendent's Signature _____ Date _____

Superintendent's Signature (ESC, City, Ex.Village) _____ Date _____