

WEST HEMPSTEAD UNION FREE SCHOOL DISTRICT  
West Hempstead, New York

**Application for Severance Benefits**

*To be filed in the office of the Superintendent at least four calendar months prior to the effective date of retirement.*

Pursuant to Article X of the Agreement between the West Hempstead Education Association and the West Hempstead Union Free School District, I am applying for increased salary in an amount equal to one-half the value of my unused sick leave days.

I hereby submit my resignation for the purpose of retirement to be effective \_\_\_\_\_ with the understanding that my salary will be increased as defined in Article X of the Agreement between the West Hempstead Education Association and the West Hempstead Union Free School District.

I (do, do not) wish this information to be confidential.

\_\_\_\_\_  
Signature of Applicant

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For Office Use:

Date of Birth \_\_\_\_\_ Date Service Began \_\_\_\_\_

Accumulated sick leave \_\_\_\_\_  
days as of date