



JUDITH T. WON PAT, Ed.D.  
Acting Superintendent of Education

DEPARTMENT OF EDUCATION  
HUMAN RESOURCES DIVISION

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



KATHERINE M.P. ADA  
Personnel Services Administrator

**EMPLOYEE NOTICE OF SEPARATION – FORM A**

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

Contact No.:

EIN:

Today's Date:

Employee's Name:	Effective Date of Separation:
Position Title:	School/Division:

Reason: ☐ RESIGNATION ☐ RETIREMENT ☐ OTHER: \_\_\_\_\_

**A. NOTICE OF SEPARATION (Instructions):** This Form A should be received by the HR Office at least two (2) weeks in advance of the effective date of your separation from GDOE. For employees retiring, you must provide HR with your original Retirement of Eligibility Certification Form from the GovGuam Retirement Fund. When separating from DOE, the HR Office must prepare the appropriate Personnel Action (PA) to properly separate you from DOE. You will be contacted when the PA is ready for issuance. It is recommended that you Complete Forms B and C after you are contacted to pick-up your Personnel Action. Form C may be completed by you or by someone you authorize in writing. Submit copies of Forms B and C with the HR Office after obtaining final clearance with the Payroll Office. **Also for retiring employees, an informational flyer about the retirement process is available upon request.**

**B. RE-EMPLOYMENT PRIVILEGE (Informational):** This privilege applies only to permanent classified employees (in good standing) and allows you to request from the Superintendent the opportunity to be rehired back to the same or comparable position within four (4) years from the date of resignation. In exercising this privilege, the Superintendent may require you to compete with other candidates for consideration. When available for rehire, please complete an updated employment application form and attach a letter addressed to the Superintendent requesting for re-employment. A copy of your letter and job application should also be provided to the HR Office. Please remember that your re-employment eligibility is only valid for four (4) years from the effective date of your resignation. Afterwards, you must follow regular job application procedures.

**C. LAST PAYCHECK OR LEAVE PAYOUT CHECK (Informational):** Please communicate/coordinate with the Payroll Office regarding your last paycheck and/or leave payout check upon completion of your Employee Clearance Form (Form C). If you are relocating off-island, a **W-2 FORM** will be mailed. Please provide below and the Payroll Office your new mailing address.

**New Mailing/Forwarding Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. HUMAN RESOURCES CLEARANCE REQUIREMENTS (Informational)** - If applicable, the following documents are required to clear from the HR Division:

1. Health/Dental Insurance Cancellation Form (obtain from HR);
2. Health Insurance Portability and Accountability Act (HIPAA) Form (obtain from HR); or
3. Employee I.D. Badge.

**EMPLOYEE SIGNATURE:** I hereby certify that all statements made on this notice are true and correct.

\_\_\_\_\_  
Signature of Employee Date: \_\_\_\_\_

**PRINCIPAL OR DIVISION HEAD ACKNOWLEDGMENT:** Please have your Principal or Division Head acknowledge your intentions to separate from DOE **before** submitting a copy of the Form A to the Human Resources Division.

**Acknowledged:**

\_\_\_\_\_  
Signature of Principal/Division Head Date: \_\_\_\_\_



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**EXIT INTERVIEW QUESTIONNAIRE – FORM B**

(Please Submit Completed Form to DOE Human Resources Office)

Name of Employee: \_\_\_\_\_ Position Title: \_\_\_\_\_  
School / Division Worksite: \_\_\_\_\_ EIN: \_\_\_\_\_  
Effective Date of Resignation / Termination: \_\_\_\_\_

Did you voluntarily quit? ☐ YES ☐ NO

Reasons for leaving: (Please select one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Family Care            | <input type="checkbox"/> Health Reasons        | <input type="checkbox"/> Deceased                   |
| <input type="checkbox"/> Employment Opportunity | <input type="checkbox"/> Relocating Off Island | <input type="checkbox"/> Intergovernmental Transfer |
| <input type="checkbox"/> Financial              | <input type="checkbox"/> Personal Reasons      | <input type="checkbox"/> OTHER: _____               |
| <input type="checkbox"/> Professional Growth    | <input type="checkbox"/> Retirement            |   |

Were you discharged? ☐ YES ☐ NO

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 Education in the future ☐ Yes ☐ No

If No, Why? \_\_\_\_\_



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**GOVGUAM/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.

Employee Name: \_\_\_\_\_ Effective Date of Separation: \_\_\_\_\_ Employee ID No. \_\_\_\_\_  
Position Title: \_\_\_\_\_ Division/School: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

**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.

OTHER GOVERNMENT OF GUAM ENTITIES	OBLIGATIONS*		REVIEWED	DATE:
	YES	NO	BY:	
1. Department of Revenue and Taxation (Collections Branch), Barrigada				
2. Attorney General's Office, Child Enforcement Div. – ITC Building, Tamuning (9 <sup>th</sup> Floor)				

  

3. DEPARTMENT OF EDUCATION – Tiyan, Barrigada	OBLIGATIONS*		REVIEWED	DATE:
	YES	NO	BY:	
A. Your School or Division (Separating School/Division)				
1. Books/Materials				
2. School/Division Keys				
3. Equipment/Asset Tag #: _____				
B. Curriculum & Instruction Division (Building B, Tiyan), 3 <sup>rd</sup> Floor, Room 308				
C. FSAIS/Information Technology Office Counter (Building A, Tiyan)				
1. Clear email				
2. Clear drive				
D. Financial Affairs (Business Office) – Service Window (Building A, Tiyan)				
1. Cash Disbursement				
2. Travel				
E. Human Resources Division – Service Window (Bldg. B, Tiyan), 1 <sup>st</sup> 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				
F. Payroll Office – Service Window (Building B, Tiyan) 1 <sup>st</sup> Floor, Room 100. (Bring Separation Forms & <b>Approved Personnel Action Form</b> )				

**Note:** After all clearances are obtained, submit this form back to the DOE Human Resources Office either by email at [humanresources@gdoe.net](mailto: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.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date