



FOR LOCAL 372, DISTRICT COUNCIL 37 HOURLY NON-COMPETITIVE EMPLOYEES:

Film Inspection Assistant, School Aide, School Lunch Helper, Health Service Aide.

1. TO BE COMPLETED BY EMPLOYEE OF BENEFICIARY

PRINT EMPLOYEE'S NAME	EMPLOYEE'S ID/EIS/FILE NUMBER	
CURRENT MAILING ADDRESS (Number, Street and Apt)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER		
NOTE: Do not send this application for processing until your last day of service and that you have been terminated in the EIS system		
I hereby apply for Termination Pay /Service Compensation Allowance payment in accordance with my years of service in the covered title(s) as provided by a collective bargaining agreement and as verified by the District Office and Administrative/Support Payrolls Compensation.		
Employee's Signature: _____		Date: _____
Beneficiary Signature: _____		Date: _____
(Only if Employee is deceased)		

2. TO BE COMPLETED BY DISTRICT OFFICE (Please type or print in ink)

2.1 NOTE: For Local 372 DC37 employees who work in high schools or special education programs, with the exception of school lunch employees, the "District Office" is the Responsible District that the employee works in. For School Lunch employees only, the "District Office" is the *Office of School Food and Nutrition Services, 44-36 Vernon Blvd., Long Island City, N.Y. 11101*. For all DC37, Local 372 employees (School Aides, etc.) who work in Elementary or Junior High (Intermediate) schools, the "District Office" is the responsible district that the employee works in.

2.2 NOTE If the above employee is deceased, please contact the employee's union, or pension system for the beneficiary on file before completing this form.

SCHOOL & DISTRICT OR PROGRAM		
JOB TITLE DESCRIPTION		
DEPARTMENT OF EDUCATION ENTRY DATE	TITLE ENTRY DATE	TERMINATION DATE / LAYOFF DATE (where applicable)
/ /	/ /	/ /
I hereby certify that the above named employee has resigned or been terminated (not for cause).		
Signature: _____		Date: _____
(District Office Personnel)		