

## SEPARATION OF EMPLOYMENT

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

1. **Personal Information:**

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Mailing Street City State Zip

Phone \_\_\_\_\_ ++Personal Email \_\_\_\_\_

**++Please note: The email listed above will now be your account login email for the Job Application, Volunteer Application and ProDev systems, if applicable. The password used for these systems will remain the same.**

2. **Employment Information:**     Classified\*     Certificated\*\*     Coach Only Employee

Current Position: \_\_\_\_\_ Building/Department: \_\_\_\_\_

3. **Resignation Details:**

I hereby tender my resignation. My last working day will be \_\_\_\_\_ .

<p><i>Type of Separation: Please check one.</i></p> <p><input type="checkbox"/> Resignation of employment</p> <p><input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Resignation from extra assignment only (e.g. coach, advisor, leadership, etc.)</p> <p><input type="checkbox"/> Other _____</p>	<p><i>Reason for Separation: Please check one.</i></p> <p><input type="checkbox"/> Other Employment</p> <p><input type="checkbox"/> Pursue Further Education/Training</p> <p><input type="checkbox"/> Relocating</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Other _____</p>
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**CLASSIFIED STAFF:**

- Staff who separate from service **during the school year** will receive their final paycheck either in the same month as separation or the month after separation.
- Staff who separate from service **at the end of the school year** and are 10-month employees must designate one of the following options:  
 \_\_\_\_\_ I wish to receive my final paycheck in June; **OR**  
 \_\_\_\_\_ I wish to receive my final paycheck in August.

**CERTIFICATED STAFF:**

- Staff contracted for the current school year will receive regular pay through August.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**HR USE ONLY**

Personnel Report:  Board Meeting \_\_\_\_\_ HR Authorization \_\_\_\_\_

Payroll \_\_\_\_\_ Benefits \_\_\_\_\_ Substitute Office \_\_\_\_\_ Personnel File \_\_\_\_\_