



# St. Louis Park Public Schools

*Achieving success, one student at a time!*

## SEPARATION FORM

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Site/Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Subject taught (if teacher): \_\_\_\_\_ FTE/Hours: \_\_\_\_\_

Will you be continuing in our District as a temporary employee? (ex. Coach, Sub, etc.)

Yes -- If yes, please indicate your Position: \_\_\_\_\_

No

### Type of Separation (Check one)

Retirement

**Note:** Contact your retirement board prior to submitting your retirement paperwork to ensure you are eligible for retirement benefits.

PERA: 651-296-7460

TRA: 651-296-2409

Resignation: Reason for resignation

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

Not Eligible to extend my Leave of Absence

Discontinuation of Employment Contract

Effective Date of Separation: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Human Resources use only*

HR Staff Review Signature: \_\_\_\_\_ Date: \_\_\_\_\_