




Resignation, Retirement, Leave of Absence Form

8000

Last Name	First Name	MI	Employee ID
Position		Building Name	

REASON	ADDITIONAL INFORMATION
<input type="checkbox"/> Accepted Position in state <input type="checkbox"/> Accepted Position out of state <input type="checkbox"/> Failure to return from LOA <input type="checkbox"/> Health <input type="checkbox"/> Leaving Teaching Profession <input type="checkbox"/> Resignation - Last day to work _____ <input type="checkbox"/> Retirement - Last day to work _____ KPERs Retirement Date _____ (KPERs Retirement date must be the 1st of any month in which you have not worked) Leave of Absence (Certified Staff Only) <input type="checkbox"/> Academic <input type="checkbox"/> Association Business <input type="checkbox"/> Foreign Teaching <input type="checkbox"/> Foreign Travel <input type="checkbox"/> Health <input type="checkbox"/> Military <input type="checkbox"/> Parental <input type="checkbox"/> Personal	<p>RETIREMENT</p> <p>If your intention is to retire, this form is only the first step. You must print, complete and submit your KPERs Retirement Application to KPERs a minimum of 30 days prior to your retirement date. You can view your account balance and download the application at KPERs.ORG.</p> <hr/> <p>INSURANCE</p> <p>You will receive information about continuing your benefits within 60 days of the last effective date of your benefits through SMSD.</p> <hr/> <p>EXIT SURVEY</p> <p>Scan the QR code below to access the SMSD exit survey. Participation in this survey is optional.</p> <div style="text-align: center;">  </div>

CERTIFIED ONLY - LATE RESIGNATION (only complete if you resign after the statutory date)

Please indicate the option you are choosing for your late resignation per the PNA:

- Notice and liquidated damages
- Suitable replacement
- Proof of qualifying exception - Move of a spouse or job promotion to administration



I have been informed and/or have reviewed the Board of Education policies and the extent of my responsibilities relating to the Resignation/Retirement or Leave of Absence above.

REASON FOR RESIGNATION:

Forwarding Address:

Telephone:

Personal email address:

Employee Signature _____ Date _____

ACKNOWLEDGEMENT by Building Administrator or Supervisor (Submit to HR)

Signature Date Approved Disapproved

APPROVAL by Human Resource Administrator

Signature Date Approved Disapproved