




**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 _____ <b>(KPERs Retirement date must be the 1<sup>st</sup> of any month in which you have not worked)</b>  <b>Leave of Absence (Certified Staff Only)</b> <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><b>RETIREMENT</b></p> <p><b>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.</b></p> <hr/> <p><b>INSURANCE</b></p> <p><b>You will receive information about continuing your benefits within 60 days of the last effective date of your benefits through SMSD.</b></p> <hr/> <p><b>EXIT SURVEY</b></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 - **statutory date through beginning of contract**:

Liquidated damages (statutory date - June 30: \$500; July 1 - July 31: \$1,500; Aug. 1 - 1st contract day: \$2,000)  
 Suitable replacement  
 Proof of qualifying exception - move of a spouse, job promotion to administration, mutual benefit, FMLA

Please indicate the option you are choosing for your late resignation per the PNA - **during contract year**:

Suitable replacement  
 Proof of qualifying exception - move of a spouse, job promotion to administration, mutual benefit, FMLA



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