



Separation Form

This form should be completed by **all resigning and retiring employees**. The completed form should be **submitted to your supervisor**, who will then forward to Dr. Rebecca O'Connell, *Assistant Superintendent of People and General Administration*.

Date Submitted: _____

Effective date of resignation/retirement: _____

All employees complete this section:			
Last Name	First Name	M.I.	
Home Address	City and state	Zip	Phone
Position	Location	Email Address	

Reason(s) for Separation			
<input type="checkbox"/> Retirement	<input type="checkbox"/> Return to School	<input type="checkbox"/> Accepted Position elsewhere	
<input type="checkbox"/> Relocation	<input type="checkbox"/> Leaving Profession	<input type="checkbox"/> Personal Reasons	
<input type="checkbox"/> Spouse Transferred	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Other	

Comments:

Employee Signature: _____

Date: _____

Routing
<ul style="list-style-type: none"> <input type="radio"/> Submit completed form to your Building Administrator/Supervisor. <input type="radio"/> Return keys, ID cards, and/or other District property on or before your last day of work. <input type="radio"/> Building Administrator/Supervisor will immediately submit form to Human Resources.

Signatures	
Administrative/Supervisor Signature:	Date Received:
HR Signature:	Date Received: