



HUMAN RESOURCES

EXECUTIVE DIRECTOR CAROL GOTTSCHLING | ASSOCIATE DIRECTOR FAITH PALMUCCI | GENERALIST JUANITA SENQUIZ | TALENT COORDINATOR ANGELA ZELLNER

Employee Resignation / Retirement Form

Thank you for your service to Lorain City School District. Notice of separation (i.e. retirement or resignation) can be submitted to the Human Resources Office at any time, but should be at least two weeks prior to your last day of work. Early notice provides the District the opportunity to seek a qualified replacement to ensure the least impact to students.

_____		XXX-XX-
Print Legal Name (Last, First, MI)		Social Security Number (last 4 digits)
_____	_____	_____
Position Title	Subject and/ or Grade Level	Building/Location

My LAST DAY OF WORK will be at the end of the day on _____ (MM/DD/YYYY)

◆ NOTE: Benefits terminate at the end of the month in which you separate from the district.

Complete either the Retirement or Resignation section below:

Attention Certificated Employees: If you are submitting this form after the July 10th statutory deadline of the current school year, any resignation request will be considered on a case-by-case basis (O.R.C. 3319.15).

RETIREMENT:

- I have contacted STRS or SERS to confirm retirement eligibility and retirement date.
- Retirement effective date (*the day after your last work day*): _____ (MM/DD/YYYY)
- I have contacted the Payroll Department regarding applicable severance payments at 440-830-4026 or at payroll@loraincsd.org

RESIGNATION:

Please indicate your primary reason for resigning (**check only one**):

<input type="checkbox"/> Work for another school district in Ohio	<input type="checkbox"/> Leaving Profession	<input type="checkbox"/> Personal Reasons
<input type="checkbox"/> Work for another school district not in Ohio	<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Other: _____

Verify the mailing and email address you prefer for future communications from the district (examples: W2s; Employee Exit Survey, etc.):

_____	_____	_____
Mailing Address	City, State	Zip Code
_____	_____	
Phone Number	Email Address	
_____	_____	
Signature	Date Submitted	

FOR HR OFFICE USE ONLY:

Received by HR on: _____ PAF created and sent to Payroll, EMIS, and Operations on: _____

Supt. approval/signature for teachers submitting form after July 10th _____

Other: _____

BOE Agenda Date: _____ Effective Date (*day after LDW*): _____ Last Day Worked (LDW): _____