



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. Kashina Bell, Deputy Superintendent.

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	

Reason(s) for Separation		
Retirement	Return to School	Accepted Position elsewhere
Relocation	Leaving Profession	Personal Reasons
Spouse Transferred	Family Responsibilities	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: