

REFERENCE NUMBER: \_\_\_\_\_

**SEPARATION OF EMPLOYMENT (RESIGNATION) AND RETIREMENT FORM**

CHOOSE ONE:  RESIGNATION  RETIREMENT

**COMPLETE IF RESIGNING OR RETIRING FROM BROWARD COUNTY PUBLIC SCHOOLS**

**THIS ACTION TERMINATES THE EMPLOYEE FROM THE DISTRICT.**

- If the employee is **resigning** from Broward County Public Schools, attach this form to the Separation of Employment iForm.
- If the employee is **retiring**, the employee **must** meet with the Benefits Department. The Benefits Department will forward this form to the location and HRIS. No action is required by the location.

**EMPLOYEE INFORMATION**

TYPE OF EMPLOYEE:  INSTRUCTIONAL  NONINSTRUCTIONAL

LAST NAME \_\_\_\_\_ FIRST NAME MI \_\_\_\_\_ SAP PERSONNEL NUMBER \_\_\_\_\_

LOCATION # \_\_\_\_\_ LOCATION NAME \_\_\_\_\_ POSITION TITLE \_\_\_\_\_

**EFFECTIVE DATE OF SEPARATION/RETIREMENT FROM BROWARD COUNTY PUBLIC SCHOOLS**

(THIS IS THE FIRST DAY YOU ARE NO LONGER EMPLOYED BY SBBC): \_\_\_\_\_

**ACCESS ESS TO VERIFY/UPDATE YOUR PERMANENT ADDRESS. YOUR LAST PAYCHECK WILL BE MAILED TO YOUR PERMANENT ADDRESS.**

**Indicate the PRIMARY reason for your voluntary separation (choose one):**

- |  |  |
|--|--|
| <input type="checkbox"/> Accepted a job not in another School District (51/C/M)                | <input type="checkbox"/> Non-job connected due to medical reasons (61/E/M)                   |
| <input type="checkbox"/> Accepted a job in another Florida School District (49/B/M)            | <input type="checkbox"/> Military (70/E/M)   |
| <input type="checkbox"/> Accepted a job in another School District outside of Florida (50/L/M) | <input type="checkbox"/> Personal (44/E/F)   |
| <input type="checkbox"/> Dissatisfied with Pay (43/D/A)  | <input type="checkbox"/> Relocation (46/E/H)   |
| <input type="checkbox"/> Dissatisfied with Working Conditions (48/D/D)                         | <input type="checkbox"/> Retirement (30/A/I) _____   |
| <input type="checkbox"/> Family Obligation (42/E/F)  | <input type="checkbox"/> Retirement/Disability (31/A/I) _____                                |
| <input type="checkbox"/> Inadequate Benefits (52/E/K)  | <input type="checkbox"/> Returned to School (47/E/G)   |
| <input type="checkbox"/> Lack of Opportunity for Advancement (X/E/B)                           | <input type="checkbox"/> Resigned in Lieu of Termination During Probationary Period (07/N/E) |

**Please rate your level of satisfaction in the following areas (1 = least satisfied, 5 = most satisfied)**

Salary \_\_\_\_\_ Benefits \_\_\_\_\_ Work Environment \_\_\_\_\_ Training/Orientation \_\_\_\_\_  
Administrative Support \_\_\_\_\_ District Support \_\_\_\_\_

**Additional Information to be Completed by Instructional Employees:**

**Accepted another teaching position:**

- At a non-public school within the District (A) \_\_\_\_\_
- Within another district in Florida (B) \_\_\_\_\_
- Outside the State of Florida (C) \_\_\_\_\_

**Accepted another position in the field of education:**

- Within another district in Florida (E) \_\_\_\_\_
- Outside the state of Florida (F) \_\_\_\_\_

**Accepted a position other than teaching or the field of education:**

- Within another District in Florida (H)
- Outside the State of Florida (I)

**Not Applicable**

- Declines to disclose future plans (Y)
- Has not accepted employment elsewhere (Z)

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_