REFERENCE NUMBER:	
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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 <u>must</u> meet with the Benefits Department. The Benefits Department will forward this form to the location and HRIS. No action is required by the location.

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): Accepted a job in another School District (51/C/M) (61/E/M) Accepted a job in another School District (49/B/M) Military (70/E/M) Dissatisfied with Pay (43/D/A) Retirement (30/A/I) Retirement (30/A/I) Inadequate Benefits (52/E/K) Retirement/Disability (31/A/I) Returned to School (47/E/G) Inadequate Benefits (52/E/K) Returned to School (47/E/G) Lack of Opportunity for Advancement (X/E/B) 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 Additional Information to be Completed by Instructional Employees: Accepted another teaching position: Within another district in Florida (B) Within another district in Florida (B) Outside the State of Florida(C) Methan another district in Florida (B) Within another district in Florida (B) Outside the State of Florida (F) Declines to disclose future plans (Y) Has not accepted employment elsewhere (Z)	EMPLOYEE INFORMATION			
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☐ Outside the state of Florida(F) ☐ Has not accepted employment elsewhere (Z)				
Employee's Signature: Date:	☐ Outside the state of Florida(F)			
Employee's Signature: Date:				
Employee's Signature:				
	Employee's Signature:	Date:		