**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

<table>
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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MI</th>
<th>SAP PERSONNEL NUMBER</th>
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<tr>
<th>LOCATION #</th>
<th>LOCATION NAME</th>
<th>POSITION TITLE</th>
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**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 not in another School District (51/C/M)
- [ ] Accepted a job in another Florida School District (49/B/M)
- [ ] Accepted a job in another School District outside of Florida (50/L/M)
- [ ] Dissatisfied with Pay (43/D/A)
- [ ] Dissatisfied with Working Conditions (48/D/D)
- [ ] Family Obligation (42/E/F)
- [ ] Inadequate Benefits (52/E/K)
- [ ] Lack of Opportunity for Advancement (X/E/B)
- [ ] Non-job connected due to medical reasons (61/E/M)
- [ ] Military (70/E/M)
- [ ] Personal (44/E/F)
- [ ] Relocation (46/E/H)
- [ ] Retirement (30/A/I)
- [ ] Retirement/Disability (31/A/I)
- [ ] Returned to School (47/E/G)
- [ ] 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:** ______________________

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Form #4049A Revised 11/2010