

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 Personnel Records. 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: _____