



Division of Human Resources
SEPARATION FROM SERVICE

EMPLOYEE NAME: _____ EMPLOYEE ID NO.: _____
(Please Type or Print Firmly—Last name first) (First three letters of last name; last four digits of Social Security No.)

School/Department: _____ Job Title: _____

Location No: _____ Last Date Worked: _____ Effective Date of Separation: _____

DIRECTIONS: Mark the appropriate reason for leaving the Alachua County Public School system. The employee and immediate supervisor must sign. If the employee is not available for signature, the supervisor will mail the form to the employee by certified mail, with return receipt requested. The supervisor then forwards a copy with supporting documents to the Personnel office. Forward the original, if returned.

I hereby voluntarily resign for the following reason: (check only one)

- | | |
|---|---|
| 01 <input type="checkbox"/> Personal reasons | 80 <input type="checkbox"/> Inadequate salary |
| 05 <input type="checkbox"/> With prejudice | 81 <input type="checkbox"/> Inadequate benefits |
| 07 <input type="checkbox"/> Health | 82 <input type="checkbox"/> Dissatisfaction with supervisor |
| 11 <input type="checkbox"/> Employment in education in Florida _____
(Location) | 83 <input type="checkbox"/> Dislike/unsuitability for assigned duties |
| 12 <input type="checkbox"/> Employment in education outside Florida _____
(Location) | 84 <input type="checkbox"/> Continuing education |
| 13 <input type="checkbox"/> Employment outside education _____
(Location) | 85 <input type="checkbox"/> Stress on the job |
| 16 <input type="checkbox"/> Relocation | 86 <input type="checkbox"/> Lack of opportunity for advancement |
| | 89 <input type="checkbox"/> Other _____
(Please Specify) |

The employee is being separated from working for the Alachua County Public Schools for the following reason: (check only one)

- | | |
|---|--|
| 20 <input type="checkbox"/> Probationary | 27 <input type="checkbox"/> Staff reduction |
| 21 <input type="checkbox"/> Job abandonment | 29 <input type="checkbox"/> Position eliminated |
| 22 <input type="checkbox"/> Board findings related to charges | 30 <input type="checkbox"/> Contract non-renewed |
| 23 <input type="checkbox"/> Misconduct/Violation of contract | 31 <input type="checkbox"/> Contract expired |
| 25 <input type="checkbox"/> Lack of available work/funding | 38 <input type="checkbox"/> Deceased |
| 26 <input type="checkbox"/> Temporary appointment ending | 39 <input type="checkbox"/> Other _____ |

I hereby voluntarily retire. (to be completed by the Benefits Office)

- | | |
|--|---|
| 70 <input type="checkbox"/> Regular retirement | 72 <input type="checkbox"/> Disability retirement |
| 71 <input type="checkbox"/> Early retirement | 75 <input type="checkbox"/> End of DROP _____ |

I am applying for lump sum vacation leave payment.

I am applying for lump sum sick leave payment (eligible only upon retirement/death).

Signature of Immediate Supervisor Date

Signature of Employee Date

Signature of Personnel Administrator Date

Forwarding Address (Street)

Forwarding Address (City, State, Zip Code)

Home Phone Number (include Area Code)

Personnel Use – ENTERED: _____