



Retirement Division

## Retirement - Separation From Service

Employee Name: \_\_\_\_\_ Employee ID No.: \_\_\_\_\_  
(Please Type or Print Firmly—last name first)

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 _____<br>(Location)      | 83 <input type="checkbox"/> Dislike/unsuitability for assigned duties |
| 12 <input type="checkbox"/> Employment in education outside Florida _____<br>(Location) | 84 <input type="checkbox"/> Continuing education                      |
| 13 <input type="checkbox"/> Employment outside education _____<br>(Location)            | 85 <input type="checkbox"/> Stress on the job                         |
| 16 <input type="checkbox"/> Relocation  | 86 <input type="checkbox"/> Lack of opportunity for advancement       |
|   | Comment: _____<br>(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      | Comment: _____<br>(Please Specify)               |

**FOR RETIREMENT OFFICE USE ONLY**

- |  |   |
|--|---|
| 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 _____     |

Retirement Coordinator (Print): \_\_\_\_\_

Retirement Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarding Address (Street): \_\_\_\_\_

(City, State, Zip Code): \_\_\_\_\_

Home Phone w/Area Code: \_\_\_\_\_

Personnel Use – ENTERED: \_\_\_\_\_