

Employee Name: (Please Type or Print Firmly—last name first)	Employee ID No.:
School/Department:	
Effective Date of Separation:	
<u>Directions</u> : Mark the appropriate reason for leaving the Alachu immediate supervisor must sign. If the employee is not availab the employee by certified mail, with return receipt requested. I documents to the Personnel office. Forward the original, if retu	le for signature, the supervisor will mail the form to The supervisor then forwards a copy with supporting
I hereby voluntarily resign for the following reason: (check only one)	
01 Personal reasons	80 Inadequate salary
05 With prejudice	81 Inadequate benefits
07 Health	82 Dissatisfaction with supervisor
11 Employment in education in Florida (Location)	83 Dislike/unsuitability for assigned duties
(Location)	84 Continuing education
12 Employment in education outside Florida (Location)	- 85 Stress on the job
13 Employment outside education	86 Lack of opportunity for advancement
I J	Comment: (Please Specify)
16 Relocation (Location)	(Please Specify)
The employee is being separated from working for the Alachua County Public Schools for the following reason: (check only one) 20 Probationary 27 Staff reduction	
21 Job abandonment 29	
22 Board findings related to charges 30	Contract non-renewed
23 Misconduct/Violation of contract 31	
	Deceased
\mathcal{E}	
20 = remperary appearament enoung	ment:(Please Specify)
FOR RETIREMENT OFF	
	Disability retirement
71	End of DROP
Immediate Supervisor (Print)	
Immediate Supervisor (Print):	
Immediate Supervisor Signature::	
Personnel Administrator Signature:	
Employee Signature:	
Forwarding Address (Street):	
(City, State, Zip Code):	
Home Phone w/Area Code:	
Personnel Use – ENTERED:	_

Form No.: PER-2324-002 – Separation from Service / HR / Terminations

New Date: 8/10/23