



Division of Human Resources
Separation From Service

Employee Name: (Please Type or Print Firmly—last name first) Employee ID No.: (First three letters of last name; last four digits of SS#)
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 Personal reasons
05 With prejudice
07 Health
11 Employment in education in Florida (Location)
12 Employment in education outside Florida (Location)
13 Employment outside education (Location)
16 Relocation
80 Inadequate salary
81 Inadequate benefits
82 Dissatisfaction with supervisor
83 Dislike/unsuitability for assigned duties
84 Continuing education
85 Stress on the job
86 Lack of opportunity for advancement
Comment: (Please Specify)

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

- 20 Probationary
21 Job abandonment
22 Board findings related to charges
23 Misconduct/Violation of contract
25 Lack of available work/funding
26 Temporary appointment ending
27 Staff reduction
29 Position eliminated
30 Contract non-renewed
31 Contract expired
38 Deceased
Comment: (Please Specify)

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

- 70 Regular retirement
71 Early retirement
72 Disability retirement
75 End of DROP

Immediate Supervisor Signature: Date:
Personnel Administrator Signature: Date:
Employee Signature: Date:
Forwarding Address (Street):
(City, State, Zip Code):
Home Phone w/Area Code:

Personnel Use – ENTERED: