



Human Resources

Employee Resignation / Retirement Form

Print Legal Name (Last, First, MI)

XXX-XX-_____
Social Security Number (last 4 digits)

Position Title

Subject and/or Grade Level

Building/Location

My last day of work will be on _____ (MM/DD/YYYY)

***Note:** Benefits will terminate at the end of the month in which you separate from the district.

Complete either the Retirement OR Resignation section below:

☐ **RETIREMENT**

- ☐ I have contacted STRS or SERS to confirm retirement eligibility and retirement date.
- ☐ Retirement effective date (the day **after** your last work day): _____ (MM/DD/YYYY)
- ☐ I have submitted my official notice of retirement to my supervisor and the district superintendent.

☐ **RESIGNATION**

- ☐ I have submitted my official notice of resignation to my supervisor and the district superintendent.

Please indicate your primary reason for resigning (check only one):

- ☐ Work for another school district in Ohio ☐ Leaving Profession ☐ Personal Reasons
- ☐ Work for another school district NOT in Ohio ☐ Parental Leave ☐ Other: _____

Verify the mailing and email address you prefer for future communications from the district.

Mailing Address

City, State

Zip Code

Phone Number

Email Address

Signature

Date Submitted

Superintendent Signature: _____

Received by HR on: _____

Received by Payroll on: _____

BOE Agenda Date: _____

Last Day Worked: _____

Effective Date: _____