



NOTIFICATION OF RESIGNATION OR RETIREMENT

This should be used as an official resignation or retirement notice when you are leaving APS employment.

EMPLOYEE RESPONSIBILITIES:

1. If you are applying for retirement, contact your retirement system prior to submitting this form.
2. Complete Section 1 and submit form to your Principal or Supervisor for signature.
3. For policy implementation procedures, refer to 35-3.7 Resignation.

PRINCIPAL/SUPERVISOR RESPONSIBILITIES: Complete Section 2.

Section 1: Employee Completes This Section					
Type of Separation <input type="checkbox"/> Resignation OR <input type="checkbox"/> Retirement				Last Work or Separation Day (mm/dd/yyyy)	
Employee Name		Employee ID #	Personal E-mail		Cell Phone
Street Address			City, State		Zip Code
Job Title			School/Department		
Please provide an explanation for resignation:					
Please check one. Such information is valued by the school system as an element in the interpretation of employee turnover.					
<input type="checkbox"/> Retirement	<input type="checkbox"/> Transfer of Spouse	<input type="checkbox"/> Military Service			
<input type="checkbox"/> Disability	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Medical Reasons-Personal			
<input type="checkbox"/> Marriage	<input type="checkbox"/> Returning to School	<input type="checkbox"/> Private Employment			
<input type="checkbox"/> Accepted Another Teaching Position (Specify Location)					
<input type="checkbox"/> Other (Please Specify)					
Employee Signature				Date	
Section 2: Principal/Supervisor Completes This Section					
Comments					
Signature of Principal/Supervisor				Date	
Section 3: Human Resources Use Only					
<input type="checkbox"/> Request Approved. Resignation effective at the end of the workday: _____(mm/dd/yyyy)					
<input type="checkbox"/> Disapproved. Reason(s) for disapproval: _____					
Supervisor Signature				Date	