

Tacoma Public Schools
DIVISION OF HUMAN RESOURCES

Employee Resignation/Retirement Form

Your cooperation in sharing the information requested below will be of great help to Human Resources. Specifically, your responses will assist us in providing accurate and timely information for state and federal reports and be of help to us in our internal planning efforts. In some cases, information provided here will also relate to future unemployment claims. Therefore, by establishing the exact reasons for your separation at this time we can avoid unnecessary claim delays.

Please give specific, rather than general, reasons for your resignation or retirement. For example, "My spouse has been transferred to another location and I am moving there with my family" would be more helpful than the statement, "I am moving away." For further suggestions on presenting your reason(s) in a clear manner, please review the material on the reverse side.

We appreciate your cooperation in completing this form and forwarding it to Human Resources, 4th Floor, Central Administration Building, at least two weeks prior to your resignation/retirement date.

Printed Name _____ Employee Number _____

Position Title _____ Subject/Grade _____ Location _____

Please check: Initial request **OR** Revision to initial request submitted on _____ (date)

Contact the Tacoma Public Schools Benefits Office at 253.571.1240 for an appointment.

- **NOTE:** Benefits terminate at the end of the month in which you leave the District.
- **Sick Leave Cash Out:** If eligible, your application must be received in the Finance Office within six (6) months of the last date of employment due to retirement. Board Policy 5400.2R.

The last day I will physically be at work: _____ (MM/DD/YY)

The first day I will no longer be an employee of Tacoma Public Schools: _____ (MM/DD/YY)

Retirement:

- I have contacted DRS at 1.800.547.6657 to confirm retirement eligibility and retirement date.
- I have contacted Tacoma Public Schools Benefits Office at 253.571.1240 for an exit interview.

Resignation (check full or partial):

- Check this box if you are age 55 or older, on SERS 3 or TRS 3 and plan to enroll in one of the State of Washington Public Employees Benefits Board plan.
- Full
- Partial

I hereby resign _____ FTE of my _____ FTE position as noted above.

Reason (please be specific):

Please forward communications, including salary warrants and W-2 form to the following address:

Street Address _____ County _____ City _____ State _____ Zip Code _____

Email: _____ Telephone (_____) _____

Signature _____

Date _____

This information will be submitted to the Board of Directors for approval and an official letter regarding their action will follow.

FOR HUMAN RESOURCES OFFICE USE ONLY

Received in HR _____ Sent to immediate Supervisor/Administrator _____ Sent to Board of Directors _____

Entered by _____ Sent to Sub Office _____ Sent to Payroll _____
Initial & Date Initial & Date Initial & Date

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Typical Reason(s) for Resignation/Retirement

Health

Illness-injury

Other employment

Have verified offer of work from other employer

Domestic reasons

To care for minor children

To care for ill family member

To care for personal or family business

Leaving because of marital-family obligations

Moving out of the area

Leaving work force for personal reasons

Dissatisfactions

Working conditions

Salary below standard for occupation

Too few hours of work available

Other adverse working condition

Retirement

Voluntary