

DEPARTMENT OF EDUCATION  
PERSONNEL SERVICES DIVISION

SEPARATION OF SERVICES

Date: \_\_\_\_\_

Employee's Name:	Effective Date:
Position Title:	School/Division:
Reason: <input type="checkbox"/> RESIGNATION <input type="checkbox"/> RETIREMENT - DISABILITY <input type="checkbox"/> RETIREMENT - AGE <input type="checkbox"/> TERMINATION <input type="checkbox"/> RETIREMENT - SERVICE	

Specific Reason(s): \_\_\_\_\_

Special Payment is being requested through Payroll. (Two [2] weeks in advance notice to Payroll is required.)

Forward all checks, communications, etc., to the following address:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**A. NOTICE OF RESIGNATION** This form must be received in the Personnel Office preferably one (1) month, but no less than two (2) weeks, in advance of the effective date of resignation. (Personnel Rule & Regulation No. 910.20)

**B. REEMPLOYMENT**  I wish to have my name place on the Reemployment List for the position I last held as \_\_\_\_\_

I do not wish to have my name placed on the Reemployment List.

Request to be on the Reemployment List must be submitted within 90 days from the date of separation. Names on the Reemployment List are removed after four (4) years from the date of separation. (Public Law 17-25)

FOR PRINCIPAL OR DIVISION HEAD

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal/ Division Head \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW - FOR DOE PERSONNEL SERVICES OFFICE USE ONLY

To: Personnel Specialist \_\_\_\_\_

Signature of Administrator, Personnel \_\_\_\_\_

Date \_\_\_\_\_