

Employee Name:	<i>first)</i> Employee ID No.:
	Job Title:
Location No: Last Date Worked:	
Effective Date of Separation:	
immediate supervisor must sign. If the employee i	g the Alachua County Public School system. The employee and s not available for signature, the supervisor will mail the form to requested. The supervisor then forwards a copy with supporting iginal, if returned.
I hereby voluntarily resign for the following reason: (check only one)	
01	80 🗌 Inadequate salary
05 \square With prejudice	81 🗌 Inadequate benefits
07 🗆 Health	82 Dissatisfaction with supervisor
11	
	Location) 84 Continuing education
12 \square Employment in education outside Florida	$\frac{1}{10000000000000000000000000000000000$
13 Employment outside education	$(Location)$ 86 \Box Lack of opportunity for advancement
$16 \square$ Relocation (Loca	ation) Comment:
	(Please Specify)
The employee is being separated from working for the Alachua County Public Schools for the following reason: (check only one)	
20 Derobationary	27 \square Staff reduction
21 🔲 Job abandonment	29 \square Position eliminated
22 \square Board findings related to charges	$30 \square$ Contract non-renewed
23 Disconduct/Violation of contract	31 Contract expired
25 🔲 Lack of available work/funding	38 Deceased
26	Comment:
	(Please Specify)
FOR RETIREMENT OFFICE USE ONLY	
70	72 Disability retirement
71 Early retirement	75 End of DROP
Immediate Supervisor (Print):	
Immediate Supervisor Signature::	Date:
Personnel Administrator Signature:	Date:
Employee Signature:	
Forwarding Address (Street):	