

Separation of Employment



Name: _____ Employee ID: _____

Position/Assignment: _____ Building/Department: _____

Choose Separation Type:

Retirement

I would like to be honored at the retirement dinner. Yes No

Resignation

If 20 years of service with SPS, would you like to be honored at the retirement dinner? Yes No

Partial Resignation

FTE: _____ Hours: _____

Extra Assignment Only

Coach: _____ Super Contract: _____ Other: _____

Reason for resignation: _____

Important Dates:

Effective Date: _____ Last Working Date: _____

Date Reported to DRS:(if applicable) _____ Years of Service: (SPS Only) _____

If last date worked is earlier than effective date, please indicate leave type to be used:

Vacation Personal Leave Sick Other

If 10-month employee and separating at the end of the school year, please designate final paycheck:

June August

Additional Information:

Supervisor/Principal Name: _____ Notified: Yes No

Address: _____ Email: _____

(Forwarding address if moving) _____

Phone: _____ Home Cell

Are you interested in joining our substitute pool? Yes No

Employee Signature: _____ Date: _____

Return this form to: Spokane Public Schools, Human Resources, 200 N. Bernard, Spokane, WA 99201
Questions please contact Human Resources at 509-354-5963