



School District of Okaloosa County
 Human Resources Department
Employment Separation

MIS 5046
 REV 4/18

Full Legal Name _____

EID #: _____

Current Job Title _____

Hours Per Day _____

Work Location _____

INSTRUCTIONS: Check appropriate major area and sub-area as reason for employment separation.

RESIGNATION

Resignation for employment in education in Florida (B)

Resignation for employment outside of education (C)

Resignation with prejudice (D) *For D & E - Specify if appropriate*

Resignation for other personal reasons (E)

Resignation, postponing retirement (PR)

Resignation, certification requirements not met

RETIREMENT

FRS, Regular (HA)

FRS, DROP (DP)

FRS, Elected Official (HI)

Investment Plan (PA) (QA)

FRS, Re-Employed Retiree (HL)

Other (OR)-Disability Retirement

DEATH (H)

DROP Begin Date: _____

Term/Resign Date: _____

Credit Service: _____

Yes, I elect to sign for the DROP and understand my employment will be terminated on the designated resignation date.

EFFECTIVE SEPARATION DATE

Employment separation for the reason(s) above will take effect as of and from the last working day of _____ (Month/Day/Year).

Initial

THIS IS NON-RESCINDABLE! I understand, by signing this document I am committed to terminating/retiring.

Signature _____

Date _____

Street Address _____

City, State, Zip _____

Resigned/Retired while under investigation: YES NO

Approved: YES NO

Superintendent/Board Date of Approval/Stamp: _____