

**The School District of Escambia County  
Separation of Employment**

Check One:  Administrative  Professional  Instructional  Educational Support

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Location: \_\_\_\_\_ Position Title: \_\_\_\_\_

Effective Date of Resignation: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_  
(LAST DAY IN PAY STATUS)

**Reason For Separation: Required - Check One**

- Personal  Regular Retirement  Disability Retirement  DROP  
 Relocating  Other Employment  Completion of Temporary Appointment  
 Other/Additional Comments: \_\_\_\_\_

Employment Status: (Check One) \*\*\* Permanent  Temporary  Substitute

**\*\*\*Permanent Employees must take this form to Risk Management for information regarding options for keeping insurance coverage.**

## Signatures

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

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Management: \_\_\_\_\_ Date: \_\_\_\_\_

c: Employee  
Risk Management