

St. Lucie Public Schools, Florida  
**NOTIFICATION OF SEPARATION FROM EMPLOYMENT**

\_\_\_\_\_  
 Name of Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Effective Date of Separation (Last Paid Work Day)

\_\_\_\_\_  
 School or Department

\_\_\_\_\_  
 Assignment

**VOLUNTARY SEPARATION REASON (EMPLOYEE)**

Please indicate one (1) **voluntary** reason for separation.

- B** Resignation for employment in education in Florida (circle location below)  
 Charter/Private School | Martin County | Indian River County | Okeechobee County | Palm Beach County | Other County
- L** Resignation for employment in education outside Florida
- C** Resignation for employment outside of education
- E** Resignation for other personal reasons
- A** Retirement (circle type)      DROP | Investment Plan | Pension Plan

I voluntarily resign my employment with St. Lucie Public Schools. Please indicate a primary reason for the separation (if applicable):  
 Benefits | Culture | Lack of Advancement Opportunities | Relocation | Salary | Work-Life Balance

\_\_\_\_\_  
 Signature of Employee / Date

- D** Resignation accepted with prejudice
- E** Resignation in lieu of termination (Employee Relations use only)

\_\_\_\_\_  
 Principal or Immediate Supervisor Signature / Date

**INVOLUNTARY SEPARATION REASON (EMPLOYER)**

Please indicate one (1) **involuntary** reason for separation.

- P** Classroom teachers/principals who were dismissed for ineffective performance as demonstrated through the district's eval. system
- I** Contract expired
- M** Contract not renewed, due to less than satisfactory performance
- H** Death
- K** Disabled / MMI / Not fit for duty
- G** Dismissal due to findings by the board related to charges
- O** Job abandonment
- Z** Not applicable (temporary employees)
- F** Staff reduction
- J** Reason not known
- N** Released during probationary period; if selecting N for instructional staff, please indicate a primary reason for the separation (if applicable):  
 Classroom Management | Collegial Teamwork | Content Strength | Student Relations

\_\_\_\_\_  
 Principal or Immediate Supervisor Signature / Date

**FOR USE BY HR DEPARTMENT ONLY**

| Assignments Termed | Leave History | Sick | Vacation | Board Agenda | Employee Letter |
|--------------------|---------------|------|----------|--------------|-----------------|
|                    |               |      |          |              |                 |

\_\_\_\_\_  
 HR Records Specialist / Date

\_\_\_\_\_  
 Human Resources Administrator / Date