Lafayette Parish School System

P.O. Drawer 2158, Lafayette, LA 70502

Voluntary Separation Form

Name: _____ SSN or Employee ID: _____

Current Address: _____

_____

School or Department: _____

Position: _____

I am (check one) ☐ Resigning ☐ Retiring

Reason for resignation (check one):

☐ Personal Circumstances / Health

☐ Dissatisfaction with school/district policies

☐ Accepted new position outside of LA

☐ Anticipating Termination

☐ Accepted a non-teaching position within district

☐ Accepted position outside the school system

☐ Accepted new position within LA

☐ License Revoked

What is the last day you will work for LPSS? _____

Are you in PIP? ☐ Yes ☐ No

Have you submitted all keys to the appropriate school official? ☐ Yes ☐ No

I have been notified by the employee of their separation of employment.

Supervisor's Signature: _____ Date: _____

I UNDERSTAND THAT I RELINQUISH ALL RIGHTS TO MY PRESENT JOB ONCE I HAVE SIGNED THIS FORM, INCLUDING ANY CLAIM TO RETROACTIVE PAY RAISES WHICH MAY BE ADOPTED BY THE BOARD AFTER MY LAST DAY WORKED.

If you are interested in requesting a refund of your employee contributions to the retirement system, please complete a Form 7 for TRSL or LSERS. I understand that I will not be allowed to work as a substitute with LPSS within 120 days of my resignation date.

Employee's Signature: _____ Date: _____

If you move between now and the end of the current calendar year, please notify Human Resources of your new address so that we may mail your W-2 forms in January.

Distribution Copies: Original – Office Personnel File / Copy – Insurance Department / Scan – Human Resources

Revised: 05/02/2016