

## Employee Resignation/Request for Release Form

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Position(s): \_\_\_\_\_

School/Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### Select the Employee Group

☐ **Education Support Professional (ESP)**

My last day will be on \_\_\_\_\_. *A minimum fourteen (14) day notice is required.*

☐ **Certified**

My last day will be on \_\_\_\_\_. Requests for release prior to the end of a certified contract are contingent upon identification of a suitable replacement teacher and are subject to liquidated damages as indicated in the certified contract.

☐ **Administrator**

My last day will be on \_\_\_\_\_. Release prior to the end of an administrator contract must meet conditions included in the signed contract.

### Select the most influential reason you are not returning to Kyrene.

*Check only one item. An exit survey will be emailed requesting additional feedback.*

☐ Career change – other employment in education

☐ Career change – other employment in private sector

☐ Childcare

☐ Commute/Transportation

☐ Continuing education

☐ Family reasons

☐ Inadequate benefits

☐ Inadequate salary

☐ Inadequate school or classroom facilities

☐ Lack of opportunity for advancement

☐ Medical reasons<sup>1</sup>

☐ Relocation or spousal relocation<sup>1</sup>

☐ Retirement

☐ Stress on the job

☐ Dissatisfied

<sup>1</sup>Documentation required for certified requests for release.

### Update Contact Information in iVisions

Individuals are requested to update contact information in iVisions, verifying residential and email addresses.

### Interested in being a substitute?

☐ I would like to apply with SmartSchoolsPlus to be a substitute for Kyrene.

Employee Signature/Date: \_\_\_\_\_

Personal e-mail address: \_\_\_\_\_

For school office use only:

Resignation/Request for Release form received in Human Resources on: \_\_\_\_\_