



RESIGNATION FORM

Revised 07.15.16

To ensure that all of your information is captured accurately, please clearly **PRINT** and/or **CHECK** in each section of the form.

First Name:	Last Name:
Address*:	
City, State, Zip:	
Employee Number:	Cell Phone:
School/Dept.:	Current Position:

*It is the employee’s responsibility of the employee to ensure that JPPSS has the most up-to-date physical address for each employee. This is necessary for any/all communication between the school system and the employee, especially in regards to W2 information. Any change in the information (i.e. - address, phone, etc.) can be completed at www.jpschools.org under Employees / Forms.

Email Address:

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Resignation Date: _____

<input type="checkbox"/> Accepted teaching/leadership position <u>within</u> Louisiana	<input type="checkbox"/> Accepted teaching/leadership position <u>outside</u> of Louisiana
<input type="checkbox"/> Accepted a position outside of the field of education	<input type="checkbox"/> Anticipating termination
<input type="checkbox"/> Dissatisfaction with school or district policies	<input type="checkbox"/> Personal Circumstances

Accumulated Sick Leave Information:

Employees transferring from one public school system to another within the State of Louisiana are entitled to transfer accumulated sick leave to the receiving school system. Please indicate below the option you wish to choose regarding your accumulated sick leave (ASL).

- Transfer all my ASL from Jefferson to a receiving school system:
 - YES** **Name of Receiving School System:** _____
 - NO**
- If your hire date is prior to September 3, 2013 – Eligible employees can be paid for any remaining sick days up to 25.
 - YES, I wish to be paid for any remaining sick days up to 25.

NOTE (1): If an employee is resigning their position, but will be receiving Social Security or Optional Retirement (ORP) benefits, please check YES. This option is only for employees that did not contribute to a statewide retirement system such as TRSL or LSERS. (If you check YES, you may be eligible to continue your Office of Group Benefits health insurance coverage)

YES

NOTE (2): If applicable, by resigning from the school system, benefits will be terminated at the end of the month of resignation.

Exit Survey:

To better understand what employees value most in the workplace and why they leave, please fill out an Exit Survey located at <http://goo.gl/forms/z7btszc65f>. The information provided on the Exit Survey is confidential and will be used as part of JPPSS’ continuing efforts to improve policies, practices, and programs as well as to develop additional opportunities to our employees that will create a more favorable workplace and work experience.

 Employee Signature

 Date: