



EMPLOYEE RESIGNATION

NAME (PLEASE PRINT)			DATE		
SOCIAL SECURITY NO. (LAST 4 DIGITS) XXX - XX -	HIRE DATE	BIRTHDATE	EMPLOYEE ID NO.		
PRESENT ADDRESS: NUMBER / STREET		CITY	STATE	ZIP	
HOME PHONE	WORK PHONE	EMAIL			

NOTE: If you have a change of address, please complete an Employee Personal Information Form found on:
<http://inside.pps.k12.or.us/forms> — Human Resources Forms

**TO THE BOARD OF DIRECTORS AND THE SUPERINTENDENT OF SCHOOLS,
 SCHOOL DISTRICT NO. 1, PORTLAND, MULTNOMAH COUNTY, OREGON:**

I hereby resign my position in the Portland Public Schools effective

MONTH	DAY	YEAR
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(use date following last working day or paid leave day)

MY ASSIGNMENT IS:	SCHOOL/DEPARTMENT
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MY REASON FOR RESIGNING IS:

<input type="checkbox"/> PERSONAL	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> PERS BUBBLE RETIREMENT — DECEMBER 1 TO JUNE 1 AND CONTINUE TO WORK THROUGH END OF SCHOOL OR CONTRACT YEAR
<input type="checkbox"/> ANOTHER POSITION IN DIFFERENT PROFESSION	<input type="checkbox"/> ANOTHER POSITION IN SAME PROFESSION	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____	

ARE YOU RETIRING FROM PERS? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE DATE MY FINAL PAYCHECK NO LATER THAN
IF YES, WHAT IS YOUR PERS RETIREMENT DATE? _____	MONTH DAY YEAR
ARE YOU TAKING PERS LUMP SUM? <input type="checkbox"/> YES <input type="checkbox"/> NO	Retirees: All payments must be made prior to your PERS retirement date

EMPLOYEE SIGNATURE X	DATE		
PRINCIPAL OR SUPERVISOR SIGNATURE X	DATE	HUMAN RESOURCES ADMINISTRATOR SIGNATURE X	DATE

ADMINISTRATION USE ONLY

AGE AT RETIREMENT	HIRE DATE VERIFIED	YEARS OF SERVICE AT RETIREMENT
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HEALTH & WELFARE

PROVIDER-TIER	END DATE	DISTRICT PAY — START DATE	END DATE
SELF PAY — START DATE	END DATE	ERI — START DATE	END DATE
UNION AFFILIATION	<input type="checkbox"/> NEW BENEFIT BEGIN DATE	<input type="checkbox"/> SMT COMBO: ____/____	
<input type="checkbox"/> LAYOFF AREA	<input type="checkbox"/> PAT 60-DAY NOTICE	INCENTIVE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

SEND COMPLETED FORM TO: PPS HUMAN RESOURCES, BESC, P.O. BOX 3107, PORTLAND, OREGON 97208-3107