

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 _____. *A request for release prior to the end of a certified contract is contingent upon Governing Board approval once identification of a suitable replacement teacher occurs. Employee is subject to liquidated damages as indicated in the certified contract signed by the employee.*

Administrator

My last day will be on _____. *Note: Release prior to the end of an administrator contract is contingent upon approval by the Governing Board and must meet the conditions included in the contract signed by the employee.*

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

Check only one item:

- | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Career change – other employment in education | <input type="checkbox"/> Inadequate school or classroom facilities |
| <input type="checkbox"/> Career change – other employment in private sector | <input type="checkbox"/> Lack of opportunity for advancement |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Medical reasons* |
| <input type="checkbox"/> Commute/Transportation | <input type="checkbox"/> Relocation or spousal relocation* |
| <input type="checkbox"/> Continuing education | <input type="checkbox"/> Stress on the job |
| <input type="checkbox"/> Family reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Inadequate benefits | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Inadequate salary | <input type="checkbox"/> Retirement/Return to work through PRO
(Post Retirement Opportunities) program. |

*Documentation required for certified requests for release.

Payout of ACA/Sick Hours

Consult respective Meet and Confer or Terms and Conditions documents to determine eligibility requirements for payouts following termination of employment. Contact your Talent Management Employment Specialist with any questions.



Payout of Vacation Hours

Eligible administrator and ESP employees: Consult Terms and Conditions document, Meet and Confer documents, respectively, for eligibility requirements for payouts following termination of employment. Contact your Talent Management Employment Specialist with any questions.

Update Contact Information in iVisions

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

ASRS

Contact Arizona State Retirement System with any questions regarding your pension, or ASRS account.

403b/457b Reminder

If you have an established optional 403b/457 account with AIG (separate from your Arizona State Retirement System pension account), the plan remains your account after your employment ends. You may access your account information here <https://www.myretirementmanager.com/> . For questions, you may contact AIG representative, timothy.wise@aig.com .

Medical Benefits

Contact the benefits office if you have any questions about your medical coverage or continuing coverage through COBRA. If you chose a flexible spending account for health, childcare or elder care please be aware there are use it or lose it rules that may apply. Please check your account balance prior to terminating employment and submit claims for services incurred prior to your termination date as soon as possible to avoid losing your balance. This IRS rule does not apply to the health savings account (HSA) bank accounts.

Interested in being a substitute?

Please visit our Substitute page on the Talent Management webpage for information on how to apply.

Exit Survey from Talent Management

Talent Management is very interested to learn more about your experience while employed with Kyrene. The survey takes less than 5 minutes to complete, and all individual answers are confidential. Your feedback is very important to us, please click on [Survey](#) or copy the link below to your browser to complete and submit the survey.

https://docs.google.com/forms/d/e/1FAIpQLScqj6HRF3oElfYN1ceZC5isXklz3hWumA4XYfWaypsfCn3yGQ/viewform?usp=sf_link

Employee Digital Signature: _____ **Date:** _____

Personal Email Address: _____

All employees who are requesting a separation of employment are required to submit this form to their supervisor. Employees are welcome to include an additional letter if desired; all letters and forms are filed with Talent Management.

For Talent Management Use Only: Date form received _____
