



Notification of Retirement/Resignation

\*\*Do not use this form to request a retirement estimate\*\*

440 N. Broad St. Education Center, Second Floor, Portal D, Suite 222, Philadelphia, PA 19130
Phone: 215-400-4600 | Fax: 215-400-4604 | Email: separations@philasd.org

Resigning or retiring employees must complete and submit this notification to the Office of Talent at Separations@philasd.org.

Once your notification is submitted, the Office of Talent immediately begins working to fill that position. You will receive an acknowledgment at the email address(es) you provide below. You are not eligible to rescind or change an acknowledged retirement / resignation without approval from your supervisor.

Once your notification is acknowledged by the School District of Philadelphia (SDP), you are not guaranteed a position.

If you have a District-issued Laptop you must return it to the Office of Information Technology at one of the locations listed here: philasd.org /stafflaptops. If your district-issued laptop is not received prior to your separation from the District, you will be charged the depreciated value of the laptop. Please, do not leave your District-issued laptop with the school or office where you were last employed as you will still be charged if it is not returned to the Office of Information Technology.

It is the responsibility of the employee to confirm receipt of this form with the Office of Talent.

PERSONAL INFORMATION-Print Clearly (this form is fillable – download and save first)

Form with fields for Name (Last, First, Middle), Telephone Number, Address, City, State and Zip, Employee ID Number, SDP Email Address, and Personal Email Address.

SEPARATION INFORMATION- You may NOT use a holiday or a paid day off as your last day of work.

Provisions 1101 and 1121 of the Public School Code require professional employees to provide written notice of SIXTY (60) DAYS before resignation/retirement becomes effective.

Form with fields for I am (Retiring, Resigning), Reason, Position, Last Day of Work or Approved Illness, and a checkbox for multiple positions.

Form with field for leave(s) that applies and checkboxes for Sick Leave / Wage Continuation, 89-Day Leave, Worker's Compensation, and Sabbatical.

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

OFFICIAL USE ONLY stamp area with fields for REC'D STAMP and PERSONNEL INITIALS.