

PINELLAS COUNTY SCHOOLS
RESIGNATION/RETIREMENT FORM

FIRST AND LAST NAME: _____ EMPLOYEE ID: _____

SCHOOL/DEPARTMENT: _____ POSITION: _____

ADDRESS (CURRENT/FUTURE): _____
STREET ADDRESS CITY STATE ZIP

EMAIL ADDRESS: _____ CONTACT NUMBER: _____

**DIRECTIONS: IF YOU ARE RESIGNING FROM DISTRICT, COMPLETE SECTION 1.
IF YOU ARE RETIRING FROM DISTRICT (FRS) COMPLETE SECTION 2.**

SECTION 1: RESIGNATION FROM PCS DATE AND REASON

I HEREBY SELECT TO:

☐ **RESIGN** from employment with Pinellas County Schools effective at the end of the work day:

____ / ____ / 20____

EMPLOYEE SIGNATURE: _____ DATE: _____

Written Reason for Resignation OR Select from List Provided

Select one reason below if written reason is not provided:

- ☐ FAMILY RESPONSIBILITY ☐ HEALTH (SELF OR FAMILY) ☐ RELOCATIONS
☐ COMPENSATION ☐ JOB DUTIES/SUPERVISOR ☐ LACK OF PROMOTIONAL OPPORTUNITY
☐ TO ACCEPT EMPLOYMENT IN EDUCATION IN FLORIDA
☐ RESIGN FROM CURRENT CONTRACT TO ACCEPT ANOTHER POSITION IN DISTRICT

SECTION 2: PCS RETIREMENT (FRS) DATE AND REASON

I HEREBY SELECT TO:

☐ **RETIRE** from employment with Pinellas County Schools effective at the end of the work day:

____ / ____ / 20____

Provide **Retirement Reason** below (FRS Only)*

- ☐ NORMAL RETIREMENT ☐ EARLY RETIREMENT ☐ RETIREMENT FROM INVESTMENT PLAN
☐ RETIREMENT FROM DROP ☐ FRS DISABILITY

*If you are retiring and have not completed the FRS application for retirement, contact Retirement, Risk Management at 727-588-6214.

EMPLOYEE SIGNATURE: _____ DATE: _____

VERBAL RESIGNATION RECEIVED: ADMINISTRATIVE USE BELOW

____ EMPLOYEE VERBALLY RESIGNED (EMAIL; PHONE CALL; VOICE OR TEXT MESSAGE)

ADMINISTRATOR SIGNATURE _____ DATE: _____

WITNESS SIGNATURE _____ DATE: _____

Sick/Vacation Leave: Sick leave is only paid out when you retire from PCS. Contact the Retirement Team for more information. Advanced sick leave is reversed if your resignation/retirement date is earlier than the end of the fiscal year. Vacation leave is paid out after your last paycheck when you resign or retire from PCS (Max of 60 days per F.S. 1012.65). Health insurance is terminated on the last day of the month in which you resign, retire, or are terminated. Contact Risk Management @ 727-588-6197 for questions.

Access pay/tax information after separation: <https://www.pcsb.org/Page/26169> Risk Management: <https://www.pcsb.org/benefits>

PCS values your opinion. An Exit Survey link will be sent after your separation date.