

## THE SCHOOL DISTRICT OF PHILADELPHIA

## Notification of Retirement/Resignation

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

All employees resigning or retiring from the School District of Philadelphia <u>must</u> complete and submit this form to the Retirement Office. Once this form is submitted to the Retirement Department, all the appropriate personnel and offices will be notified. Paperwork is processed based on the date received.

By mail or in person: Retirement Office 440 N. Broad Street, Suite G-8 Philadelphia, PA 19130 <u>By Fax:</u> (215) 400-4681 To confirm receipt, please call (215) 400-4680.

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

Please complete all information requested below:

| Employee Name (PRINT)                      |                                 |   |
|--|---------------------------------|---|
| 00000-                                     |                                 |   |
| Employee Identification Number             | Social Security Number          | Date of Birth   |
| Current Address                            |                                 | City, State, Zip Code   |
| Day-time telephone number                  |                                 | Name of Principal/Direct Supervisor   |
| Position                                   |                                 | Location # and Name (School/Department)   |
| I am: 🛛 Retiring 🗖                         | Resigning Reas                  | son:  |
| My last day at work is/was _               | //<br>(Month/Day/Year)          | who work and the one of the behood your are   |
| Check all that apply (if applicable):      |                                 | contractually paid until June 30*   |
| Currently on sick leave/ wage continuation |                                 | Currently on Sabbatical   |
| Currently on other leave (i.e              | . illness in family, maternit   | y, military, etc.):(Please explain)   |
| Change of Retirement/Resign                | nation" form and it <i>must</i> | <i>teparation date</i> must complete the "Rescission or <i>be submitted prior to the "LAST DAY OF WORK"</i> online at <u>www.philasd.org/offices/retirement</u> . |
| Employee Signature                         |                                 | Date  |
|  |                                 | position will not be held and may be filled through site<br>d to pick a new position from the vacancy list.   |

Be sure to review the "Checklist for Resigning/Retiring Employees" available online or in our office.

| OFFICIAL USE ONLY: |           |
|--------------------|-----------|
| RO REC'D           | PERSONNEL |
| STAMP:             | INITIALS: |