



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 **must** 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**

By Fax:

**(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

Reason: _____

My last day at work is/was _____ / _____ / _____
(Month/Day/Year)

1201, CASA, PFT and SPAP 10-month employees who work until the end of the school year are contractually paid until June 30

Check all that apply (if applicable):

Currently on sick leave/ wage continuation

Currently on Sabbatical

Currently on other leave (i.e. illness in family, maternity, military, etc.): _____
(Please explain)

*With the exception to 1201 members and those who comply with the CASA/PFT contractual agreement: Upon separation from service in June, if you are enrolled in medical benefits, coverage for you and any dependents will terminate effective July 01. Discovery Benefits will mail you an enrollment package if you wish to continue coverage on a self-pay basis.

Employees who wish to *rescind or change their separation date* must complete the "Rescission or Change of Retirement/Resignation" form and it must be submitted prior to the "LAST DAY OF WORK" indicated above. The form is available in our office or online at www.philasd.org/offices/retirement.

Employee Signature _____

Date _____

If you submit a Notification of Retirement-Resignation, your position will not be held and may be filled through site selection or transfer. If you later rescind you will be entitled 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

STAMP:

PERSONNEL

INITIALS: _____