



**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.

∞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)

Name (Last, First, Middle)	Telephone Number
Address, City, State and Zip	Employee ID Number
SDP Email Address:	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.

I am Retiring Resigning Reason: _____

Position: _____ Check this box if you had more than one position and you are only resigning retiring from one of those positions.

Last Day of Work or Approved Illness: _____

If applicable; please check the leave(s) that applies:

Sick Leave / Wage Continuation 89-Day Leave Worker's Compensation

Sabbatical Other: _____

Employee Signature: _____ Date: _____

OFFICIAL USE ONLY	
REC'D STAMP: _____	PERSONNEL INITIALS: _____