



RESIGNATION CLASSIFIED PERSONNEL

Date: _____

Employee ID: _____

I, _____ Employee: First Name Middle Name Last Name

hereby tender my resignation to take effect at the close of business on _____ Date

Reason for Resignation: _____ Age at Retirement (if applicable)

I am presently employed at _____ as _____ School or Location Job / Position

Address: _____ Street City, / State / Zip Phone Number

NOTE: If reason for resignation is based on study, maternity or health reasons, you may be eligible to apply for a leave of absence in order to maintain your status with MPS. Contact the Leave Administrative Assistant at 414-475-8210 to discuss options and eligibility requirements. If you apply for a disability related ERS pension, note that you must be in active status at time of application.

PLEASE SIGN AND RETURN THIS ORIGINAL FORM TO THE OFFICE OF HUMAN RESOURCES, ROOM 124 AS SOON AS POSSIBLE.

Exit Survey

We welcome your open and honest feedback.

What was the most important factor in your decision to leave MPS? Please mark all that apply:

- o Another district/opportunity o Benefits o Current assignment
o Family o Health o Lack of support/respect
o Pay o Personal safety o Relocating
o Retirement o Working conditions o Workload expectations

Other: _____

What did you like most about working for MPS? _____

What action or change would have kept you from leaving MPS? _____

Notice:

All employees must give written notice of their intent to resign from their position with the District, including those employees resigning for the purpose of retirement. Such written notice shall include the last day of employment and the reason for the resignation. The employee must give notice of resignation (excluding resignation for purposes of retirement) at least 14 calendar days prior to the last day of employment. Written notice of all resignations must be submitted to the Office of Human Resources.

All employees resigning for the purpose of retirement must give written notice that they will retire from their position with the District. Such written notice shall include the last day of employment and the reason for leaving. The employee must give such notice to the Office of Human Resources at least 30 calendar days prior to their last day of employment.

Eligibility for retirement from the District will be verified by the Office of Human Resources, Benefits and Compensation Services Department. No retroactive resignation or retirement will be granted by the District.

Resignations are irrevocable. In the event of rare and extenuating circumstances, the employee may submit a request to rescind his/her resignation to the Chief Human Resources Officer within 30 calendar days of the effective date of his/her resignation. All requests must be in advance of any official board action.

Prior to the end of their last day of employment, employees must return all keys, uniforms, equipment, ID cards and any other District property to their supervisor.

Employee Signature _____

Date _____