

**CANTON PUBLIC SCHOOL DISTRICT
SEPARATION REQUEST**

REVISED ON 11/27/07

Name _____ Date of Request _____

Position _____ School/Department _____

REASON FOR REQUEST: (Place a checkmark by the correct response)

_____ *Leave of Absence (medical) – Beginning date _____ Return date _____

***Any sick/medical leave request extending beyond three (3) working days must be accompanied by a physician’s statement.**

_____ Leave of Absence (maternity) – Beginning date _____ Return date _____

_____ **Leave of Absence (personal) - Beginning date _____ Return date _____

_____ **Leave of Absence (other) - Beginning date _____ Return date _____

_____ Retirement – Last available date for work _____ Retirement to begin _____
(Date) (Date)

_____ **Resignation – Last available date for work _____ Resigning on _____
(Date) (Date)

(Not to be used by certified employees. Certified employees must request a Release from Contract (see below).

_____ Release from Contract – Effective date _____

(Certified employees requesting a Release from Contract must submit this form and a written letter including the basis/reason for such request. A Release from Contract can only be approved by the Board of Trustees; therefore, the request will have to be presented to the Board at a regularly scheduled meeting. Until approval is granted by the Board of Trustees, the certified employee is expected to remain on duty).

**Briefly describe the nature of this request: _____

Special Note: Any person requesting a leave or resigning is required to return all properties of the school/district (grade books, attendance records, student assessments, students’ work samples, teacher manuals, student textbooks, curriculum related resources, special projects supplemental materials, technology or supplies, etc.) to the principal/supervisor prior to departure. Failure to comply will subject one to action deemed appropriate by the Superintendent.

Submit the completed form and any required attachments to your principal and/or supervisor for his/her signature. The supervisor and/or principal will submit the signed form to the superintendent’s office.

Employee’s signature

Date

Principal/Supervisor’s signature

Date