



**Portland Public Schools – Portland, Oregon**  
**EMPLOYEE RESIGNATION**

Name (Please Print)			Date
Social Security Number XXX-XX-	Home Phone	Personal Email Address	Employee ID No.

**NOTE: If you have a change of address, please change your address via PeopleSoft Employee Self Service (ESS).**

**TO THE BOARD OF DIRECTORS AND THE SUPERINTENDENT OF SCHOOLS, PORTLAND SCHOOL DISTRICT:**

**I hereby resign my position in Portland Public Schools effective**

Month	Day	Year	<i>Please indicate the last day worked.</i>
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**\*\*\*Note: District technology access (i.e. Email, PeopleSoft, Employee Self Service, Google Apps, etc.) will be disabled at the close of business day on your last day.**

My assignment is:	School/Department
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My reason for resigning is:			<input type="checkbox"/> PERS Bubble Retirement - Retire with PERS between December 1 to June 1 and you agree to work through the end of your work year.
<input type="checkbox"/> Personal	<input type="checkbox"/> Retirement – NOT PERS Bubble		
<input type="checkbox"/> Leaving Profession	<input type="checkbox"/> Resignation/Other Position		
<input type="checkbox"/> Dissatisfied with working conditions	<input type="checkbox"/> Other (Please explain)		
<input type="checkbox"/> Relocation	_____		

Are you retiring from PERS?  YES  NO - If Yes, what is your PERS retirement \*date? \_\_\_\_\_  
 (Must be the first day of the month)

- Employees who work through the end of their work year will be issued their final paycheck on the last business day of June in the same manner they have designated during the work year (direct deposit or live check).
  - If notice of an employee’s termination is not received by payroll cut-off, a live check will be cut. If this happens, please check the delivery option preferred below.
- I request my final check to be mailed to my home address on file.
- I request to pick up my final check at the BESC Payroll Office between 2 pm and 4 pm on my last day of work. If I do not arrive, I approve PPS to mail my check to my home address on file.

Employee Signature	Date
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**ADMINISTRATOR USE ONLY**

Principal or Supervisor Signature	Date
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**HR USE ONLY**

HR Talent Management Signature	Date	HRIS Entry Signature	Date
Date of Birth/Age	Hire Date Verified	PAT/PFSP/Licensed Admn 15 Years of Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	OEBB Self-Pay to 65 <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>HEALTH &amp; WELFARE</b>			
Provider	End Date	District Pay – Start Date	End Date
Coverage Tier    EE only <input type="checkbox"/> EE + 1 <input type="checkbox"/> EE+ Family <input type="checkbox"/>		ERI – Start Date	End Date
Self-Pay – Start Date	End Date	PAT 60—Day Notice <input type="checkbox"/> PAT 30—Day Notice for PERS Bubble <input type="checkbox"/>	
Employee Group:		PAT Incentive    1 <input type="checkbox"/> 2 <input type="checkbox"/>	

**Send completed form to: PPS Human Resources, BESC, PO Box 3107, Portland OR 97208-3107 or email hronline@pps.net**