



Alexandria City Public Schools
 Department of Human Resources
 1340 Braddock Place, 5th Floor
 Alexandria, Virginia 22314
 (703) 619-8010

Termination of Employment Form

Steps for official notification of Resignation/Retirement/Separation:

1. **Employee:** This form should be filled out by any current ACPS employee who intends on ending their employment and presented to their immediate supervisor.
2. **Principal/Program Manager:** Upon receipt from employee, forward form to Human Resources.
3. **Human Resources:** Confirm receipt and provide necessary forms and information to employee when separating from ACPS.

Section 1: Employee Completes This Section		
Employee Name	Employee ID	Personal Email Address
Job Title		School/Department
Please consider this my request to resign from my position with the Alexandria City Public Schools for the following reason:		
<input type="checkbox"/> Retirement	<input type="checkbox"/> Transfer of Spouse	<input type="checkbox"/> Military Service
<input type="checkbox"/> Disability	<input type="checkbox"/> Maternity/Paternity	<input type="checkbox"/> Medical Reasons - Personal
<input type="checkbox"/> Marriage	<input type="checkbox"/> Returning to School	<input type="checkbox"/> Private Employment
<input type="checkbox"/> Accepted Another Teaching Position (Specify Location):		
<input type="checkbox"/> Other (Please Specify)		
If approved, my resignation will become effective at the end of the workday on:		
(MM/DD/YYYY)		
Employee Signature	Date	
Section 2: Principal/Program Manager Completes This Section		
Signature of Principal/Program Manager	Date	
Section 3: Human Resources Completes This Section		
<input type="checkbox"/> Request Approved. Resignation effective at the end of the workday:		
(MM/DD/YYYY)		
<input type="checkbox"/> Disapproved. Reason(s) for disapproval:		
Signature of Human Resources Administrator	Date	