

Division of Human Resources
807 Northeast Broadway
Minneapolis, MN 55413-2398
(612) 668-0500

SEPARATION FORM



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

Note: Please check with Benefits at (612) 668-0560 for questions regarding benefits.

Employee Name: _____ **Employee ID#:** _____

Site/Location: _____ **Job Title:** _____

Subject taught (if teacher) _____ **FTE/Hours** _____

If you are a teacher who is retiring, are you interested in being considered for a Teacher Emeritus position?

Yes **No** **If yes, please indicate your home telephone number:** _____
(More Information about Teacher Emeritus may be found in the Teachers Contract)

Type of Separation

Retirement

Note: Contact your retirement board prior to submitting your retirement paperwork to ensure you are eligible for retirement benefits.

TRA: 651-296-2409

I am electing the following:

\$25,000 RETIREMENT SEVERANCE PAYMENT- pursuant to MOA. All separation forms must be submitted to the attn of: Cassandra Bologna in Room 308 by April 30, 2010 by 4:30pm! I understand that by electing the severance payment I am submitting a non-rescindable retirement. The payment received will not exceed the equivalent of one year's pay, pursuant to Minn. Stat. §465.72, or six months of wages if highly compensated pursuant to Minn. Stat. §465.722. Part-time employees will have a pro-rated portion of the \$25,000 based on their FTE equivalent.

Effective date of separation: _____/2010 *(Must work to end of school year)*

Current Address: _____

Phone: _____ **Email:** _____

Employee Signature _____ **Today's Date** _____

Supervisor Signature _____ **Today's Date** _____

Human Resources use only.

HR Staff Review: Signature: _____ **Date:** _____