

**Canton Public School District  
Separation Request**

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Position \_\_\_\_\_ School/Department \_\_\_\_\_

**Part A: REASON FOR REQUEST**

(Please check 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 (COVID-19 Related) – Beginning date \_\_\_\_\_ Return date \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

**Part B: DISTRICT PROPERTY**

**(Any person separating from the District is required to return all properties of the school district to your immediate supervisor. Failure to comply will subject one to action deemed appropriate by the Superintendent. Please initial below that all items have been returned or write "N/A" if the item is not applicable to you.)**

\_\_\_\_\_ District Keys  
\_\_\_\_\_ District Cell Phone  
\_\_\_\_\_ EEf Card  
\_\_\_\_\_ Electronic Devices including tablets,  
laptops, printers, MacBook, scanner, etc.  
\_\_\_\_\_ Mini Grant Equipment and Non-  
consumable resources (software,  
manipulatives, books, etc.)  
\_\_\_\_\_ District Magnetic Entrance Key Cards

\_\_\_\_\_ EEf Equipment and Non-Consumable  
instructional supplies  
\_\_\_\_\_ Maintenance Equipment  
\_\_\_\_\_ Security Equipment  
\_\_\_\_\_ Athletic Equipment  
\_\_\_\_\_ Grade book, teacher's manuals, other  
instructional resources  
\_\_\_\_\_ Other technology equipment

**Your signature certifies that you have accurately completed Part A and Part B of this form. Submit the completed form and any required attachments to your principal and/or supervisor for his/her signature. The supervisor and/or principal will VERIFY and submit this signed original form to the Superintendent's Office for approval and a copy to the Office of Human Resources.**

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Superintendent's or Executive Director's signature

\_\_\_\_\_  
Date