

Discretionary Broken Contract Reporting Form

This form is for administrators in [districts](#) and [community schools](#) to discretionarily report an educator for resigning from their contracts after July 10, without the consent of the employing board.

If you are reporting multiple educators, **please fill out a form for each educator.**

Please answer all questions and provide the requested documents. The Office of Professional Conduct cannot move forward and investigate without this information. Incomplete submissions will be returned for more information.

Educational Entity

School/District Name:

IRN:

Address:

Contact Person:

(Name and Title)

Contact's Phone:

Contact's Email:

Educator's Information

Name:

[State ID](#):

You must provide the State ID.

It is nine digits (OH7654321).

Date of Birth:

Most Recent Position:

Current Employment Status:

Phone:

Personal Email:

Address:

*Ohio law requires a report with the educator's social security number. If the Office of Professional Conduct needs the number, the Office will contact you. Please do not include the social security number in any emails.

Questions Regarding the Resignation:

What date did the educator submit the resignation?

What was the effective date of the resignation?

What action did the school board or governing board take?

Please select one of the four options. Please wait to submit a referral until the board has acted because the Office needs this information to investigate and issue discipline.

Please Include All the Following Documents:

For the reasons stated above, please wait to submit a referral until you can submit the board resolution and minutes.

- Educator's resignation.
- The **signed** board resolution and board minutes regarding the educator's resignation.
- Educator's disciplinary and personnel files.
- Educator's **signed** contract for the current school year, and if it was a continuing contract, please include the salary notification. This is especially needed when the educator was employed under a one-year contract.

Please Provide Any Additional Relevant Information:

Briefly describe the educator's reason for resigning, the circumstances surrounding the resignation, and any problems or hardship this resignation has caused. (Character Limit: 1000)

(Continued on Page 3)

Please sign below and email (**preferred**), mail, or fax this form with the certification page to:

State Board of Education of Ohio
Office of Professional Conduct
William Green Building
30 West Spring Street, 12th Floor
Columbus, OH 43215
educator.conduct@sboe.ohio.gov
Fax: (614) 995-3752

If you need assistance in completing this form, please contact the Office of Professional Conduct at (855) 983-4868.

This does not satisfy the requirement of a [mandatory reporter to report known or suspected abuse or neglect](#). Please review the [mandatory reporting tip sheet](#) for more information.

Thank you for your assistance in ensuring Ohio has high quality educators and in keeping students and children safe.

Signature

Date

Print Name and Title

Submission of this form is the first step in the investigatory process. Discipline is not automatic, as an investigation has to occur, and educators are entitled to a due process hearing. All cases are confidential under Ohio law.

CERTIFICATION

I hereby certify that the attached documents are true and accurate copies of the

personnel/disciplinary/investigative records of _____
Educator Name

as kept in the ordinary course of business of the _____
School/District

Signature

Sworn to before me and signed in my presence this _____ day of _____, 20__.
(day) (month)

Notary Public

My commission expires _____ .