

To be completed by Administrator/Supervisor

Employee Name:

_____ Last First Middle

ADDRESS: _____ City: _____ State/Zip: _____

<p>Position: _____</p> <p>Last Day of Employment: _____</p> <p>Campus/Location: _____</p> <p>Receipt of Resignation/Non-renewal/termination notice: _____</p> <p>Post position on website? Requires Superintendent Signature Approval _____ sign _____ date</p>	<p>Reason for Departure:</p> <p>_____ Retirement _____ Resignation</p> <p>_____ Termination _____ Reduction in Force</p> <p>_____ Non-renewal of Contract _____ Other</p> <p>Eligible for Rehire? _____ YES _____ NO</p>
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Administrator/Supervisor Collects: Please initial beside each item collected.

Return all items below to Technology Dept

_____ Keys/Fob _____ Employee Badge _____ Laptop _____ Cell phone _____ Clock In/Clock Out Cards

Remainder items will stay on the campus after collected

_____ Teacher resources _____ Curriculum _____ Books

To be completed by Central Office Staff Only: Please initial and date when completed. Return all forms to Patty Williamson.

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|--------------------------------------|---|
| _____ 1. Carol – HR Payroll | _____ 4. Cami – Eduphoria/TRM/Talent Ed |
| _____ 2. Patty – Financials/Benefits | _____ 5. Todd – Technology |
| _____ 3. Shannon – Skyward Student | |

Administrator/Dept. Head Date

Superintendent Date