



RESIGNATION / NOTIFICATION OF INTENT TO LEAVE SYSTEM EMPLOYMENT

Name of Employee: _____
 Current School/Work Site: _____ Job/Title: _____
 Current Mailing Address: _____
 Forwarding Address: _____
 Resignation/Last Working Day: _____ Retirement Date: _____

TYPE OF SEPARATION from the Selma City Schools (Check the appropriate type of separation)

___ Retirement ___ Resignation ___ Health Reasons ___ Other (Please Specify Below)

REASON(S) FOR LEAVING (Check all that apply)

___ Moving from the area ___ Continue Education ___ Dissatisfied (Specify under "Other")
 ___ Family circumstances ___ Hired elsewhere ___ To seek higher salary & benefits
 ___ Illness in family ___ Maternity / adoption
 ___ Other

INSURANCE CONTINUATION (Please check the appropriate box below)

___ I do not wish to have my insurance coverage continued.
 ___ Please send me information explaining continuation of insurance coverage (COBRA)
 ___ Continuation of PEEHIP and/or Supplemental Insurance (Retirees Only)

DEPARTING CHECKLIST

	YES	NO
1. Did you meet with your supervisor to discuss leaving your employment?	___	___
2. Would you recommend the school system to another person seeking employment?	___	___
3. Do you believe the Selma City School (SCS) system is a good place to work?	___	___
4. Would you return to work in this school system if you later had an opportunity?	___	___
5. Do you plan to work in another school system after you leave SCS?	___	___
6. Are you satisfied with the quality of your own work while employed here?	___	___
7. What could the Selma City School system have done better to have made your employment more enjoyable?		

SYSTEM RATING – Please circle the appropriate number below:

Rate from one to five (five highest) your overall satisfaction or degree of satisfaction with your work experience in the system. 1 2 3 4 5

Signature of Employee

Date

Signature of Supervisor

Date

Signature of HR Director

Date