Gadsden City Schools

RESIGNATION / NOTIFICATION OF INTENT TO LEAVE SYSTEM EMPLOYMENT

Name of Employee: _____

Current School / Work Site: _____ **Job Title / Position:** _____

Current Mailing Address: _____

New or Forwarding Address, if known: _____ _____

Resignation/Last Working Day: _____ **-or- Retirement Date:** _____
(Must be the 1st day of a month)

TYPE OF SEPARATION from the Gadsden 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 Gadsden City School (GCS) 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 GCS?	____	____	____
6. Are you satisfied with the quality of your own work while employed here?	____	____	____

7. What could the Gadsden 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**

_____ _____

Employee Signature **Date**