

RESIGNATION / NOTIFICATION OF INTENT TO LEAVE SYSTEM EMPLOYMENT

Name	of Employee:				
Currer	nt School / Work Site: Job Title / Position:				
Currer	nt Mailing Address:				
New o	r Forwarding Address, if known:				
Resign	aation/Last Working Day:or- Retirement Date:				
	(State Law requires a 30-day notice of resignation) (Must be the 1 st	day	of a mo	nth)	
	OF SEPARATION from the Gadsden City Schools (Check the appropriate type of s Retirement Resignation Health Reasons Other (P	•	•	Bel	ow)
N F II	ON(S) FOR LEAVING (Check all that apply) Moving from the area Continue Education Dissatisfied (Speciamily circumstances Hired elsewhere To seek higher solution in the second	_			-
DEPAR	RTING CHECKLIST	YES	NO	?	??
	d you meet with your supervisor to discuss leaving your employment?				
2. W	ould you recommend the school system to another person seeking employment	?			
	you believe the Gadsden City School (GCS) system is a good place to work?			-	
	ould you return to work in this school system if you later had an opportunity?				
	you plan to work in another school system after you leave GCS?			-	
	e you satisfied with the quality of your own work while employed here?				
	hat could the Gadsden City School system have done better to have made your e joyable?	-	yment 	mor —–	е
SYSTE	M RATING – Please circle the appropriate number below:				
Rate fi	rom one to five (five highest) your overall satisfaction or degree of satisfaction w	ith yo	our wo	rk	
experi	ence in the system.	1 2	2 3	4	5
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