



# 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: \_\_\_\_\_  
(State Law requires a 30-day notice of resignation) (Must be the 1<sup>st</sup> 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     Retirement  
 Other \_\_\_\_\_

**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

*Submit completed forms to the Human Resources Department, Board of Education, Room 202*