



DICKSON COUNTY SCHOOLS EXIT EMPLOYMENT NOTIFICATION

Please complete requested information and return the form to the Human Resource Director
817 North Charlotte Street Dickson, TN 37055, Phone: 615-446-7571
Fax: 615-441-1375. This form may serve as your official resignation/retirement notification.

Name: _____

Social Security Number: XXX-XX-(_____) Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Position: _____

Grade(s): _____ Subject(s): _____

Effective Resignation/Retirement Date: _____

Please indication reason(s) for separation below:

- Retirement
- Moving From The Area
- Profession Change
- Salary/Cost of Living
- Another Job Opportunity
- Dissatisfaction with job
- Continuing Education
- Other

Upon resignation, I agree to surrender all property of the Dickson County School System, which includes, but is not limited to, keys, pagers, and computer equipment, to the proper Dickson County Schools authority.

c: Principal
Supervisor

Employee Signature

Date

<i>FOR OFFICE USE ONLY</i>			
HR: _____	DOS: _____	PAYROLL: _____	Principal/Supervisor: _____



DICKSON COUNTY BOARD OF EDUCATION

Danny L. Weeks, Ed.D., Director of Schools
817 North Charlotte Street
Dickson, TN 37055
Phone: 615-446-7571 – Fax: 615-441-1375
dweeks@dcbe.org

Employee Exit Checklist

Principal, Immediate Supervisor, or Director Initial below indicating completion:

- ___ Access/ID Card
- ___ All DCBE keys (e.g. desk, drawers, filing cabinets, doors, vehicle, etc.)
- ___ IT Equipment (e.g. Computers, IPAD, phones, etc.) Cords/Chargers should be included.
- ___ Curriculum & Course Materials
- ___ Final Time Sheet (if applicable)
- ___ Grades, Student Data complete (if applicable)
- ___ Reports (if applicable)
- ___ Vehicle/Transportation Equipment (if applicable)
- ___ Tools (if applicable)
- ___ Uniforms (if applicable)
- ___ District Credit/Store Cards (if applicable)
- ___ District Accounts Clearance (e.g. cafeteria, library, etc.)
- ___ District Resignation or Retirement Notification Form

Signatures below indicate Employee Exit Checklist Completed:

Immediate Supervisor/Principal: _____ Date: _____
IT Department: _____ Date: _____
Payroll Department: _____ Date: _____
HR Department: _____ Date: _____

Employee Name (print): _____

Employee Signature: _____ Date: _____

*Final Paycheck will be available for pick-up after all items are completed.

FOR OFFICE USE ONLY

HR: ___ PR: ___ S/P: ___ IT: ___