



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: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Position: _____

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

Effective Resignation/Retirement Date: _____

Please indicate 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.

cc: Principal
Supervisor

Employee Signature

Date

FOR OFFICE USE ONLY

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: ___