



Personal Data

Name _____
Last First Middle Initial

Job Title _____

Campus/Department _____ Dates Worked (from) _____ (to) _____

Forwarding Address _____

Phone Number _____

Check type of termination:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Nonrenewal | <input type="checkbox"/> Reduction in Force (RIF) |
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Extended disability |
| ◦ with notice | |
| ◦ without notice | <input type="checkbox"/> Other _____ |

Check all applicable reasons for leaving

To be completed by all voluntary resignation only.

- | | |
|---|---|
| <input type="checkbox"/> Moving from district | <input type="checkbox"/> Dissatisfied with type of work |
| <input type="checkbox"/> Returning to school | <input type="checkbox"/> Family circumstances |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Secure better position |
| | <input type="checkbox"/> Other _____ |

Comments _____

Checkout Procedures

Where applicable, review and discuss the following items

- | | |
|---|--|
| <input type="checkbox"/> Medical care | <input type="checkbox"/> District property |
| <input type="checkbox"/> Group life insurance | <input type="checkbox"/> Keys |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Books |
| <input type="checkbox"/> Disability insurance | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Health cards |
| <input type="checkbox"/> Other _____ | |

Comments _____

