



1489 US Hwy 701 South PO Box 37 Elizabethtown, North Carolina 28337
 Telephone: (910) 862-4136 | Fax: 1-855-860-6170

Dr. Jason Atkinson, Superintendent

Staff Checkout Sheet

Name _____

Date _____

School/Department _____

Position _____

This document will need to be completed for any employee separating from Bladen County Schools. Final checks will not be released until this document has been completed and submitted to the Human Resources Department.

Letter of Resignation/Retirement Submitted to Supervisor	___ Yes ___ No
Effective Date of Resignation/Retirement Established (Date _____)	___ Yes ___ No
Keys Returned to Supervisor	___ Yes ___ No ___ N/A
All Bladen County Schools Property/Materials Returned to Supervisor and/or District Administrator	___ Yes ___ No
Door Fab or Badge Returned	___ Yes ___ No
Bladen County Schools Exit Survey Completed (required only for staff members resigning)	___ Yes ___ No ___ N/A

Supervisor Signature _____

Staff Member Signature _____

Office Use
Rec in HR _____
Staff Member _____