

JACKSON COUNTY SCHOOL DISTRICT EXIT FORM

This form is to be completed by the supervisor with the employee, then forwarded to Human Resources to be placed in the employee file.

Employee **Legal** Name & **ID No.** _____

Job Title _____

Reason for Exit Resignation Retirement Transfer

If transfer outside district, where: _____

Inventory (check applicable items returned put NA if not applicable)

- | | |
|--|---|
| <input type="checkbox"/> ID Badge | <input type="checkbox"/> Car Tag |
| <input type="checkbox"/> Cell Phone and/or Radio | <input type="checkbox"/> Building Keys |
| <input type="checkbox"/> Vehicle Keys | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Computer Equipment/Laptop | <input type="checkbox"/> Notified IT to disable email |
| <input type="checkbox"/> Notified Student Services to disable MSIS and/or SAMS access | |
| <input type="checkbox"/> Notified Federal Programs to disable the TitleICrate and/or MCAPS account | |
| <input type="checkbox"/> Misc. District Assets (include asset no.) | _____ |

____ Other (please specify): _____

Include additional sheets as necessary

Employee signature below acknowledges they have returned all property of the Jackson County School District.

Supervisor signature below acknowledges they have received all district property, tools, equipment, materials, etc. that belongs to the Jackson County School District.

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____