



**NOTE: There is a six (6) month waiting period effective from the last date worked when resigning/retiring in good standing, before an individual may reapply for and/or be rehired with DCSD.**

**TERMINATION/ RESIGNATION FORM**  
**PCN BEING VACATED: \_\_\_\_\_**

**SECTION I - COMPLETED BY EMPLOYEE**

<b>Soc. Sec. No.</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Building</b>	<b>Position (i. e. Teacher, Maintenance, etc.)</b>	<b>Assignment Being Vacated</b>	<b>Intended Last Day</b>

**REASONS FOR TERMINATION/RESIGNATION**

<u>RESIGNATION (Check One)</u> DISMISSALS Check One: <input type="checkbox"/> Medical <input type="checkbox"/> Relocation <input type="checkbox"/> Personal <input type="checkbox"/> Further Education <input type="checkbox"/> Retirement <input type="checkbox"/> Other Employment <input type="checkbox"/> Job Dissatisfaction <input type="checkbox"/> Other: _____	<u>DISMISSAL (Check One)</u> <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Unauthorized Absence <input type="checkbox"/> Substantial Noncompliance <input type="checkbox"/> Other: _____  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <u>DATE OF HIRE:</u> </div>
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Forwarding Address	Permanent Address
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Employee Signature: By signing below, I acknowledge there is a six (6) month waiting period from the last date worked before I may reapply or be rehired with DCSD again if I am resigning/retiring in good standing.	Date
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**SECTION II- COMPLETED BY PRINCIPAL/SUPERVISOR --- THIS SECTION MUST BE COMPLETE**

Approved <input type="checkbox"/> LAST DAY ACTUALLY WORKED _____ Not Approved <input type="checkbox"/> _____  Time:                      a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Recommended for Rehire <input type="checkbox"/> Not Recommended for Rehire <input type="checkbox"/> Check One: Dismissal <input type="checkbox"/> Resignation <input type="checkbox"/>
Supervisor's Signature	Date

**SECTION III- COMPLETED BY CENTRAL ADMINISTRATION**

Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Eligible for Rehire <input type="checkbox"/> Not Eligible for Rehire <input type="checkbox"/>
Superintendent or Designee's Signature	Date

<b>PROCESSED BY:</b> Name                                      Date Personnel Department: _____ Payroll Department: _____	<b>BOARD ACTION:</b> Approved <input type="checkbox"/> <u>Agenda Date:</u> _____ Not Approved <input type="checkbox"/> _____
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