



## CLASSIFIED EMPLOYEE EXIT NOTIFICATION

Please complete requested information and return this form to [Tammy.Roberts@rcstn.net](mailto:Tammy.Roberts@rcstn.net), Human Resources, 800 M. S. Coutts Blvd., Springfield, TN 37172

*This form may serve as your official resignation/retirement notification.*

Name: \_\_\_\_\_

Last Four Digits of Your Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Last Date to Work in Position: \_\_\_\_\_

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

Robertson County School Board Policy 5.202 states a classified employee may voluntarily give their immediate supervisor written notice of resignation or retirement at least ten (10) workdays before the effective date of the last workday. Though notice isn't required it is recommended in order to leave my position in good standing.

Upon resignation, I agree to surrender all property of Robertson County Schools (RCS), which includes, but is not limited to, keys, electronics, employee badge, computer equipment, etc., to the proper RCS authority. All access to devices, RCS websites, etc. will be disabled within ten days of my last workday including my email account, and other sites.

I understand that my final payroll check will not be direct deposited but will be available for pick up at the central office upon the return of the Employee Exit Checklist.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***HR USE ONLY***

Date Received \_\_\_\_\_ HR Signature \_\_\_\_\_ Personnel Report \_\_\_\_\_ Searchsoft \_\_\_\_\_ Email \_\_\_\_\_ SLB \_\_\_\_\_



## Employee Exit Checklist

Employee Name (Print):SS#: \_\_\_\_\_ SS# \_\_\_\_\_

School: \_\_\_\_\_ Assignment: \_\_\_\_\_

Items to be Received from Employee		
Initials Indicate Item(s) Received		
	All RCBE Keys (e.g. building, classroom, desk, doors, drawers, filing cabinets, vehicle, etc.)	
	IT Equipment (Principal must submit all computer equipment to Michele Carpenter/Technology (e.g., computers, IPAD, Apple pencils, AV hubs, remotes, phone, hot spots, cords/chargers, desk stands, docking stations, etc.)	
	Curriculum & Course Materials, Library Resources	
	Final Timesheet (if applicable)	
	Grades, Student Data Complete (if applicable)	
	Reports (if applicable)	
	Vehicle/Transportation Equipment (Submit to Joshua Hinerman/Transportation, applicable)	
	Shop/Classroom Tools & etc. (if applicable)	
	Uniforms (if applicable)	
	District Credit/Purchasing Cards (if applicable)	
	District Accounts Clearance (e.g., cafeteria, etc.)	
	Cafeteria Charges per Café Manager:	Signature:
	Amount Owed: \$	Amount Paid: \$
	Access/ID Card (Must submit to Sheila Clinard/Payroll with this form to receive final paycheck and insurance information)	

Final paycheck will be available on the 25<sup>th</sup> of the month if all items are received in this document and signed by the appropriate employer. There will be a cash charge for any Access/ID Card not returned.

**Submit this form and your Access/ID Card to Sheila Clinard, Payroll Coordinator, at the Central Office on your last day of employment.**

Principal, Immediate Supervisor, or Director must initial and sign below indicating completion:

Immediate Supervisor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Amount Due: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Payroll Received Access/ID Card: \_\_\_\_\_  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_ Dr. Weeks: \_\_\_\_\_

Rev. 02/20/25