



EMPLOYEE EXIT NOTIFICATION

Please complete requested information and return this form to Annette.Weeks@rcstn.net, Human Resources, 800 M. S. Courts 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: _____ Position: _____

Grade(s): _____ Subject(s): _____

Last Date to Work in Position with Required 30 Days' Notice: _____

Please indicate reason(s) for separation:

- | | |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Another Job Opportunity |
| <input type="checkbox"/> Moving From the Area | <input type="checkbox"/> Profession Change |
| <input type="checkbox"/> Dissatisfaction with Job | <input type="checkbox"/> Salary/Cost of Living |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Moving From the Area |
| <input type="checkbox"/> Other | |

Robertson County School Board Policy 5.200 states a teacher shall give the director of schools' notice of resignation or retirement at least thirty (30) days before the effective date of the last workday. A teacher who fails to give such notice, in the absence of justifiable extenuating circumstances, shall forfeit all tenure status. The Director of Schools may waive the thirty (30) days' notice requirement and permit a teacher to leave their 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, email, 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

Did employee give the required 30 days' notice per TCA 49-5-411(b)? _____

HR will Contact TN Department of Education to FLAG teaching license: Yes _____ No _____



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 25th 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