



RESIGNATION/RETIREMENT FORM DAVENPORT COMMUNITY SCHOOLS

TO BE COMPLETED BY THE EMPLOYEE (ALL FIELDS REQUIRED):

LAST 4 OF SSN: EMPLOYEE #: BARGAINING GROUP:

EMPLOYEE NAME: JOB TITLE:

BUILDING: INTENDED LAST DAY:

REASON FOR RESIGNATION:

☐ Further Education ☐ Job Dissatisfaction ☐ Medical ☐ Personal
☐ Relocation ☐ Retirement ☐ Other Employment ☐ Other

DETAILS:

EMPLOYEE SIGNATURE: DATE:

****By signing above, you acknowledge there may be a six (6) month waiting period from the last day worked before you are able to reapply or can be rehired with DCSD again if resigning in good standing.***

TO BE COMPLETED BY THE SUPERVISOR:

APPROVED: ☐ NOT APPROVED: ☐

LAST DAY WORKING: ELIGIBLE FOR REHIRE: ☐ YES ☐ NO

COMMENTS:

NAME / SIGNATURE: DATE:

TO BE COMPLETED BY HUMAN RESOURCES:

(ALL REQUESTS OF 3 CONSECUTIVE DAYS OR MORE MUST BE APPROVED BY HR):

APPROVED: ☐ NOT APPROVED: ☐

ELIGIBLE FOR REHIRE: ☐ YES ☐ NO

IF TERMINATION, LIST TERM REASON:

COMMENTS:

NAME / SIGNATURE: DATE: