

BALDWIN COUNTY BOARD OF EDUCATION
RESIGNATION/RETIREMENT REQUEST AND EXIT SURVEY

EMPLOYEE INFORMATION (Complete all sections)

Name: _____ Employee #: _____

Personal Email: _____ Phone#: _____

CURRENT ADDRESS NEW OR FORWARDING ADDRESS, IF KNOWN

Street/P.O. Box: _____ Street/P.O. Box: _____

City, State, Zip: _____ City, State, Zip: _____

POSITION INFORMATION

School: _____ Certificated Classified

Position/Grade/Subject: _____

REASON FOR SEPARATION

RESIGNATION

MY LAST DAY OF EMPLOYMENT WILL BE: _____
Month/Day/Year

REASON FOR SEPARATION (Check all that apply)

- ___ Seeking other employment
- ___ Personal/Family circumstances
- ___ Moving from area
- ___ Continued Education
- ___ Leaving the profession of education
- ___ Accepting Position with other educational system/agency. Specify system: _____
- ___ Other, specify: _____

RETIREMENT

DATE OF RETIREMENT (This date is always the first of the month) _____ **1, 20** _____
Month Year

ORIGINAL SIGNATURE (Typed signatures will NOT be accepted)

Employee Signature: _____ Date: _____

*Please provide a copy to your supervising administrator

FOR CENTRAL OFFICE USE ONLY

Cost Center: _____ Position: _____

Board Date: _____ Agenda Addendum HR Signature: _____