



**DeKalb County  
Board of Education**

*Every Student Matters, Every Moment Counts*

***Resignation/Termination Form***

Employee Name:	
Assigned School:	
Job Title:	
Effective Date:	

- Retirement
- Resignation of employee (Employee complete the following or attach letter of resignation)
- Termination: ( List termination reason below)

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Employee Signature (if available)                      Date

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Principal/Supervisor    Date