



McKenzie Special School District Employment Exit Notification



Please complete requested information and return the form to the McKenzie Special School District Central Office, 114 Bell Ave, McKenzie, TN 38201. Fax: 731-352-7550

Name: _____

Social Security #: X X X - X X - _ _ _ _ . Phone#: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Position: _____

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

Effective Resignation/Retirement Date: _____

Years of Service with McKenzie Special Schools: _____

Please indication reason for separation below:

- Retirement
- Moving From the Area
- Salary/Cost of Living
- Another Job Opportunity in the teaching profession
- Another Job Opportunity outside of the teaching profession
- Dissatisfaction with the job
- Continuing Education
- Other _____

Upon resignation, I agree to surrender all property of the McKenzie Special School District, which includes, but is not limited to, keys, badge, computer equipment, papers, etc., to the proper McKenzie SSD personnel.

c: Principal
Supervisor

Employee Signature

Date

FOR OFFICE USE ONLY

HR: _____ DOS: _____ PAYROLL: _____ Principal/Supervisor: _____