



Mobile County Public School System  
 Division of Human Resources  
**Resignation/ Notification of Intent to Leave System Employment**  
 Form HR-610

Employee Information	
Name of Employee	Employee Number
Which School or Work Site	Job Title
Current Mailing Address	
New or Forwarding Address, If Known	
Approximate First Date of Employment	Proposed Last Working Day

Type of Separation from the Mobile County School System				
<i>Check the appropriate type of separation:</i>				
<input type="checkbox"/> Retirement	<input type="checkbox"/> Resignation	<input type="checkbox"/> Health Reasons	<input type="checkbox"/> Other (Please Specify Below)	

Reasons for Leaving				
<i>Check all the applicable reasons:</i>				
<input type="checkbox"/> Moving from the area	<input type="checkbox"/> Continue Education	<input type="checkbox"/> Dissatisfied [Specify reason(s) under Other]		
<input type="checkbox"/> Family circumstances	<input type="checkbox"/> Hired elsewhere	<input type="checkbox"/> To seek higher salary and more benefits		
<input type="checkbox"/> Illness in family	<input type="checkbox"/> Maternity/adoption			
Other (Please Specify)				

Insurance Continuation	
<i>Please check the appropriate box below:</i>	
<input type="checkbox"/>	I do not want to have my insurance coverage continued.
<input type="checkbox"/>	Please send me information explaining continuation of insurance coverage (COBRA)

Departing Checklist			
<i>Please check the box that most clearly represents your views.</i>			
	Yes	No	Don't Know
1. Did you meet with your supervisor to discuss leaving your employment?			
2. Would you recommend this school system to another person seeking employment?			
3. Do you believe that the Mobile County School System is a good place to work?			
4. Would you return to work in this school system if you later had an opportunity?			
5. Do you plan to work in another school system after you leave Mobile County School System?			
6. Are you satisfied with the quality of your own work while employed in this school system?			
7. What could Mobile County School System have done better to have made your employment more enjoyable?			

System Rating					
<i>Please check the appropriate box below:</i>					
Rate from one to five your overall satisfaction or degree of satisfaction with your work experience in the system, with five being the highest.					
	1	2	3	4	5

Signature of Employee	Date
Name of Supervisor (Please Print)	Position
Signature of Supervisor	Date
Signature of HR Representative	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved