



**CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF HUMAN RESOURCES**

EMPLOYEE SEPARATION FORM

INSTRUCTIONS: All employees who are separating their employment with Clayton County Public Schools should complete the Employee Separation Form. The completed form should be submitted to your principal or department head. The principal/department head should submit the form to Human Resources.

Employee Name		Employee ID#		
School/Department		Job Title/Position		
Home/Cell Phone Number		Personal Email Address		
Today's Date		Last Day of Work		
Street Address	Apt.#	City	State Georgia	Zip Code

PLEASE INDICATE REASON FOR LEAVING THE SCHOOL SYSTEM

Please Check Reason for Separation

<input type="checkbox"/> A Assignment Completed/Ended	<input type="checkbox"/> 1 Retirement
<input type="checkbox"/> B Dismissal	
<input type="checkbox"/> C Contract / Job Abandonment	<input type="checkbox"/> 2 Death
<input type="checkbox"/> X No Show	<input type="checkbox"/> 3 Family (Including Personal Illness)
	<input type="checkbox"/> 4 Advanced Study
	<input type="checkbox"/> 5 Non-Renewal of Contract
	<input type="checkbox"/> 6 Accepted Position in another GA School System
	<input type="checkbox"/> 7 Reduction in Force
	<input type="checkbox"/> 8 Failure to Meet Certificate Requirements
	<input type="checkbox"/> 9 Resignation

Employee Signature _____ **Date** _____

TO BE COMPLETED BY THE PRINCIPAL/DEPARTMENT HEAD

I have met with the employee and discussed the separation request. The employee has _____ agreed _____ not agreed to turn in all necessary materials and inventory (keys, ID card, books, equipment, etc.) before leaving the school/department.

Principal/Department Head Signature _____ **Date** _____

All requests for release from contract must be submitted to the Human Resources Director supporting your location.