

Thomas County Schools

Separation of Employment

Employee's Name _____

Employee's Address _____

City/State/Zip _____ School/Site _____

Certified Employees

Request is hereby made for the release from my contract of employment with the Thomas County Board of Education for the _____ school year. I request that this release become effective at the end of the workday on _____.

Classified Employees

Notice is hereby given that I do not plan to continue my employment with the Thomas County Board of Education. I request that this release become effective at the end of the workday on _____.

Reason(s) for taking this action:

___ Personal or family considerations

___ Lack of childcare

___ Transportation problems

___ Health

___ Relocating

___ Full-time student

___ Other. Explain _____

___ I have accepted or plan to accept another position.

___ I plan to retire. Effective retirement date _____

___ Job-related. Explain: _____

___ Other. Explain: _____

Recommendation of Principal or Director: I recommend that this request be ___ granted ___ denied.
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Signature of Principal or Director _____

Date _____

Comments _____

Employee's Signature _____

Date _____