



DIVISION OF HUMAN RESOURCES  
STAFF SERVICES  
**EMPLOYEE RESIGNATION AND LEAVE OF ABSENCE FORM**

**PURPOSE:** This form should be used for employees who wish to resign or request a leave of absence.

**INSTRUCTIONS:** Employee should submit the completed form to his/her principal or department head. The principal/department head should submit the form to Staff Services.

|                       |                                     |
|-----------------------|-------------------------------------|
| Employee Name         | Employee ID#                        |
| School/Dept           | Position                            |
| Contact Number        | Date                                |
| Employment Start Date | Anticipated Last Date of Employment |

**PLEASE INDICATE REASON FOR LEAVING THE DISTRICT**

| Reason for Resignation   | Reason for Leave of Absence                          |
|--|--|
| <input type="checkbox"/> 01 Another Position in GA School System   | <input type="checkbox"/> 50 Maternity                |
| <input type="checkbox"/> 02 Professional Improvement   | <input type="checkbox"/> 51 Professional Improvement |
| <input type="checkbox"/> 03 Assignment Completed   | <input type="checkbox"/> 52 Illness                  |
| <input type="checkbox"/> 04 Certification Problem  | <input type="checkbox"/> 53 Military Leave           |
| <input type="checkbox"/> 05 Leaving the Teaching Profession  |  |
| <input type="checkbox"/> 06 Financial Reasons  |  |
| <input type="checkbox"/> 07 Military Service   |  |
| <input type="checkbox"/> 08 Retiring   |  |
| <input type="checkbox"/> 09 Dismissal/Not Recommended  |  |
| <input type="checkbox"/> 10 Personal Reasons   |  |
| <input type="checkbox"/> 11 Spouse Transferred   |  |
| <input type="checkbox"/> 12 Abandoned Position   |  |
| <input type="checkbox"/> 13 Maternity  |  |
| <input type="checkbox"/> 14 Illness  |  |
| <input type="checkbox"/> 15 Marrying and Moving  |  |
| <input type="checkbox"/> 16 Moving Out of the Area   |  |
| <input type="checkbox"/> 17 Family Responsibilities  |  |
| <input type="checkbox"/> 18 Deceased   |  |
| <input type="checkbox"/> 19 No Reason Stated   |  |
| <input type="checkbox"/> 20 Other  |  |
| <input type="checkbox"/> 21 Termination by Board of Education  |  |
| <input type="checkbox"/> 22 Another Position   |  |
| <input type="checkbox"/> 23 Reduction in Force   |  |
| <b>Employee Signature</b> _____ <b>Date</b> _____  |  |
| Is there anything that could/should have been done that would have caused you to remain employed in your school or department? |  |
| <b>Comments</b><br><br>  |  |

**TO BE COMPLETED BY THE PRINCIPAL/DEPARTMENT HEAD**

I have met with the employee and discussed the Resignation/Leave of Absence Request. The employee has \_\_\_\_\_ agreed  
 \_\_\_\_\_ not agreed to turn in all necessary materials (books, records, etc.) before leaving the school/department.

**Principal/Department Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY REPRESENTATIVE IN THE DEPARTMENT OF STAFF SERVICES**

|  |  |
|--|--|
| ____ Last Day of Sick Leave (if needed)                    | ____ Insurance/TSA Notice prepared and dispersed |
| ____ Resignation/Leave of Absence form completed and filed | ____ Separation Notice prepared and dispersed    |
| ____ Employee letter with requested forms mailed on _____  | ____   |

**Staff Services Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_