

Sandwich Public Schools Separation/Exit Form

To be completed by Building Principal or Designee



Employee Name: _____ Payroll Number: _____

School: _____ Separation Date: _____

Employee's Home email: _____

Will someone be hired to fill this position? Yes No

REASON FOR TERMINATION

- | | |
|----------------------------|--------------------|
| Resigned (attach letter) | Better Opportunity |
| Retirement (attach letter) | Death |
| Reduction in Force | Personal |
| Non-Renewal | Health Reasons |
| District Discharge | Unknown |

CHECK LIST - Record date and initial when each item is returned. If not applicable, record N/A.

Item	Date	Returned to
Keys		
Cell Phone		
Laptop Computer/Case		
iPad/Case		
Other Tech. Equipment		

Item	Date	Returned to
ID Badge		
Uniforms		
Lunch account payoff		
Other		
Other		

Other Items of Note:

Person Completing this Form (Print): _____

Position: _____

Signature of Interviewer: _____

Date: _____

Employee Signature: _____

Date: _____

Director of Pupil Services:
(if applicable) _____

Date: _____

Superintendent's Signature: _____

Date: _____

Routing Order (check off your box): Administrator Dir. of PS HR Superintendent Payroll Town Hall