

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

EMPLOYEE WITHDRAWAL/TERMINATION FORM

Date of form completion: _____ Effective Date: _____

School/location: _____

Employee Name: _____

Reason for withdrawal/termination:

Resignation (Attach resignation letter)

Retirement (Attach retirement letter)

Number of Leave days Available _____ Number of leave days Paid _____

Dismissal (Attach final dismissal documents)

Other Details: _____

Address: (check one)

Send final check (if applicable) and final W-2 form to address on file

Send final check (if applicable) and final W-2 form to new address listed below

Address: _____

Street City State Zip Phone: _____

Authorized by: _____

Supervisor

Acknowledged by: _____

Employee

Principal/Supervisor:

Capital Assets in employee's custody verified and received: _____

Principal/Supervisor

Date

District keys returned: _____

Principal/Supervisor

Date

Payroll/Personnel Use Only:

School Board acceptance date: _____

Payroll finalization date: _____

Payroll Specialist

Date

PERS final reporting month: _____

COBRA notification date: _____ PERS form completed: (date) _____ By: _____