



EMPLOYEE EXIT FORM

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

Employee Name: _____

School / Dept: _____

The following items must be checked by Principal, Department Head, or Administrator prior to employee receiving his/her last wages. This form must be completed in its entirety and submitted to Payroll one week before the payroll date.

All keys (i.e. room, building, cabinet, etc.) have been turned in.

____Y ____N ____N/A

All inventory assigned to employee is present and accounted for.

____Y ____N ____N/A

Forwarding address has been given, in the event that contact needs to be made.

____Y ____N ____N/A

Grades are current and posted in SAMs

____Y ____N ____N/A

Intervention paperwork is complete

____Y ____N ____N/A

Teacher's Edition to textbooks have been turned in

____Y ____N ____N/A

Passwords to computers and other electronic devices have been given

____Y ____N ____N/A

Documentation of contact with parents (i.e. phone logs, notes from conferences, etc.) have been turned in

____Y ____N ____N/A

My signature below confirms that the above named employee has properly checked out and should receive his/her last check.

Supervisor's Signature: _____

Date: _____