



## RESIGNATION

Please complete this form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Munis Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State Zip Code

Current Position: \_\_\_\_\_ Current Work Location: \_\_\_\_\_

Non-CMCSS Email Address (for exit communication only) \_\_\_\_\_

I hereby submit my resignation to the Clarksville-Montgomery County School System. The last day I will work is \_\_\_\_\_.

If you also receive a coaching supplement, please notify the AD at that school and complete the following:

I am retaining my coaching position.

I am resigning my coaching position on the date above.

I am resigning my coaching position on this date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer or designee

\_\_\_\_\_  
Date

### PLEASE SELECT ONE REASON FOR RESIGNATION

(V1) Moving

(V2) Spouse Relocating

(V3) Job Advancement/Better Pay

(V4) Education

(V5) Dissatisfied

(V6) Family issues (examples: baby, illness, parents)

(V7) Other: \_\_\_\_\_

(V8) Leaving to teach in another Tennessee district \_\_\_\_\_  
District

(V9) Leaving to teach outside of Tennessee \_\_\_\_\_  
State

(V10) Changing Careers/Leaving Teaching Profession