



Revised: 04/16/2021

Jackson-Madison County Schools Notice of Separation: Certified Employees

To: Dr. Marlon D. King, Superintendent

From: _____
(Please print your school name or department name.)

Employee ID Number

JMCSS Email Address

Specific Job Title (Ex. 5th Grade Science Teacher)

Personal Email to receive Exit Questionnaire

I, _____, hereby certify that I am:
(Please legibly print your full legal name.)

_____ Voluntarily Resigning

_____ Retiring

My last day as an employee of the Jackson-Madison County School System shall be:

Last Working Day

I hereby certify that I understand the contract that I signed states in part:

*e. In the event of Teacher resignation or retirement, Teacher gives Director thirty (30) days' written notice of said resignation or retirement provided mutual written consent of both parties. Teacher understands that Director and Board will enforce Tenn. Code Ann. § 49-5-508 and § 49-5-411 regarding breach of contract **for any resignations after June 30.***

I further hereby certify that I understand that *Tenn. Code Ann. § 49-5-411, Teachers -- Resignations -- Breach of contract, states in part:*

(b) A teacher shall give the director of schools written notice of resignation at least thirty (30) days in advance of the effective date of the resignation.

Signature of the Employee

Date

Signature of the Principal/Supervisor

Date

Signature of the Director of Human Capital

Date

Signature of the Superintendent or Designee

Date

**FOR HC OFFICE USE
ONLY**

____ Personnel Action
Completed in Munis

Please contact Benefits in Human Capital at 731-664-2512 to be advised of the correct procedures to secure refund of any fringe benefits that may be due to you, and/or if you have any benefits/insurance questions.