

MADISON COUNTY BOARD OF EDUCATION  
**RESIGNATION REQUEST AND EXIT SURVEY**

NAME: \_\_\_\_\_  
Last First MI

MAILING ADDRESS: \_\_\_\_\_  
P.O. Box or Street City State Zip

I am requesting of the Madison County Board of Education that I be allowed to resign my position as \_\_\_\_\_, \_\_\_\_\_  
Position Title School or Work Site

The effective date of resignation is: \_\_\_\_\_  
Month/Day/Year

I understand the Board has the prerogative not to accept my resignation, and that if the Board elects to exercise this prerogative I realize that I am obligated to complete my contract. I also realize that if the Board does not accept my resignation, and I choose not to complete my contract, I am subject to consequences as prescribed by State of Alabama laws and other contractual laws.

The following must be completed for request to be processed for Board action.

My reason(s) for resigning: (Check all that apply)

- \_\_\_\_\_ Personal/Family health-related issues
- \_\_\_\_\_ Moving from area
- \_\_\_\_\_ Spouse being transferred from area
- \_\_\_\_\_ Accepting position with other educational system/agency
- \_\_\_\_\_ Leaving the profession of education
- \_\_\_\_\_ Other: (Specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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\_\_\_\_\_  
Immediate Supervisor Signature Date

Approval to Request Board Acceptance:

\_\_\_\_\_  
Director/Coordinator of Personnel Signature Date