

## **Exit Survey**

## Scottsboro City Schools

Employee Name:							Date:				
Current Address:											
City:							Zip:				
*Current address is needed for W-2 purposes. If your address changes before receiving											
your last W-2, please contact Human Resources to update your address.											
Reason for leaving Scottsboro City Schools (check all that apply)											
Retiring	Moving away from area						Students				
Found another job			Not enough pay								
Stress at home			Non-renewed								
Plan to stay home	Terminated						Other (please explain)				
Recommendations For Improvements at Scottsboro City Schools											
On a scale from 1 to 10, please rate the following at Scottsboro City Schools:											
(circle your choice, 1 being the worst and 10 being the best)											
Your Supervisor	1		_				-	8	9	10	
Co-workers	1	2	3	4	5	6	7	8	9	10	
Pay	1	2	3	4	5	6	7	8	9	10	
Benefits	1	2	3	4	5	6	7	8	9	10	
Daily Expectations	1	2	3	4	5	6	7	8	9	10	
	*FOR	RESIG	NATI	ON RE	QUEST	S ONL	<b>Y</b> *				
*FOR RESIGNATION REQUESTS ONLY* I am requesting of the Scottsboro City Board of Education that I be allowed to resign my											
position as (position title) at (school / site).											
The effective date of resignation is (month/day/year).											
I understand that the Board has the right not to accept my resignation, and that if the Board											
elects to exercise this right, 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 the State of Alabama's laws and contractual laws.											
Employee Signature									Date		
Human Resources Use Only											
Notice Given?		Yes			No						
Eligible for Rehire?		Yes			No	•	How much notice?				