

COLUMBUS MUNICIPAL SCHOOL DISTRICT  
TERMINATION FORM

ATTENTION: PERSONNEL

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
(School/Department)

POSITION: \_\_\_\_\_  
(Include grade/subject for teacher)

FUNDING \_\_\_\_\_ District \_\_\_\_\_ Title I \_\_\_\_\_ SPED \_\_\_\_\_ Other: \_\_\_\_\_  
(Please explain)

LAST DAY OF EMPLOYMENT: \_\_\_\_\_  
(Last day worked)

REASON FOR  
TERMINATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINCIPAL OR  
SUPERVISOR: \_\_\_\_\_  
(Signature) (Date)

SUPERINTENDENT: \_\_\_\_\_  
(Signature) (Date)

**IMPORTANT: SEND THE ORIGINAL NOTICE TO PERSONNEL AND A COPY TO  
PAYROLL/CENTRAL OFFICE.**

CENTRAL OFFICE USE:

AGENDA \_\_\_\_\_

Revised: 12/06