

BOARD PROCEDURE

Descriptive Code: GCO

RESIGNATION OF NON-CERTIFIED PERSONNEL

Date: August 13, 2002

Resignations due to medical reasons will not be accepted until the employee has discussed termination of benefits/options with the Business Department benefits accountant. The "Medical Leave Resignation Checklist" will be completed and signed by the employee and benefits accountant. This checklist must accompany the letter of resignation.

ADOPTED: 8/13/02

REVISED:

Columbia County Board of Education

MEDICAL LEAVE RESIGNATION CHECKLIST

I am resigning as an employee of the Columbia County Board of Education due to medical reasons.

I have met with the Employee Benefits Accountant and have been advised of my options with the following benefits:

Short term disability benefits	_____
Long term disability benefits	_____
Life insurance benefits	_____
Disability retirement	_____
Health insurance benefits	_____
Dental insurance benefits	_____
AFLAC insurance benefits	_____

After explanation of my options, I would still like to resign as an employee of the Columbia County Board of Education due to medical reasons.

Employee's Name (please print)

Employee's signature

Date

Social security number

Date

Employee Benefits Accountant