



Calhoun County School District _____ School Year

Intent to Return Form

Employee

_____ I accept my appointment in the Calhoun County School System for the _____ - _____ year.
(If you accept your appointment, please go directly to the bottom of the form and sign.)

_____ I reject my appointment in the Calhoun County School System for the _____ - _____ year.
(If you reject your appointment, please complete *one* of the items in the next section.)

Reason for Rejection of Appointment

_____ I hereby submit my resignation as _____, effective _____.
Position Date

_____ I hereby request permission to retire, effective _____ (Contact the District Office for
proper retirement forms). *Date*

_____ I am requesting a Leave of Absence for the _____ - _____ school year.

Transfer Request

_____ I would be interested in a transfer to _____ if/when a position becomes available
in the areas of _____, for which I am certified (the request for transfer must be
received no later than the last day of school, which is _____, 20____).

Signature Date

School Assigned Position