



Human Resources Division
Intent Form for Instructional Personnel

Teacher's Name: _____
print or type

Job Title: _____

Employee ID #: _____

Site/School: _____

Date: _____

Please check the appropriate box, complete the requested information (employee identification number, printed name, and signature), and return this form to your principal or supervisor.

___ I wish to continue teaching in Alachua County for the 20___ - 20___ school term.

Teacher's Signature: _____

___ I wish to apply for extended leave for the 20___ - 20___ school term. The proper form must be attached with signatures.

Teacher's Signature: _____

___ I do not wish to continue teaching for the 20___ - 20___ school term. (Circle appropriate reason: Resignation or Retirement) The proper form must be attached with signatures.

Teacher's Signature: _____