



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: \_\_\_\_\_