



Westport Community Schools

Exit Check List

To Be Completed by Immediate Supervisor

Name of Person Exiting: _____

School/Building: _____ Exit Date: _____

Reason for Exit (please check one)

<input type="checkbox"/> Another position in public education	<input type="checkbox"/> Reduction in force	<input type="checkbox"/> Death
<input type="checkbox"/> Another position in private education	<input type="checkbox"/> Non-renewal	<input type="checkbox"/> Personal
<input type="checkbox"/> Another position not in education	<input type="checkbox"/> District Discharge	<input type="checkbox"/> Unknown
<input type="checkbox"/> Retirement	<input type="checkbox"/> Medical	

Record date and initial when each item is returned. If not applicable, record N/A.

Item:	Date:	Returned to:	Item:	Date:	Returned To:
Employee ID			Keys		
Chromebook			Ipad		
Laptop			Other Technology		
Chargers			Camera		
Parking Tag			Smart Board Remote		
Credit Cards			Other:		

Please forward on this check list to the Technology Department to complete.

Please deactivate immediately. If not applicable, record N/A.

Program	Date Deactivated	Initial	Program	Date Deactivated	Initial
E-Mail/Computer			Website		
Protraxx			School Spring		
SchoolBrains/MMS			Subfinder		
Softright			MTRS		
Millennium			DOE		

Once deactivated please forward checklist to Mickey Fredericks.