

**GRACE KING
HIGH SCHOOL**

Teacher Preference Sheet for 2017- 2018 (Complete by Friday, April 14th)

Teacher _____
Last Name First Name Group Wise Account

Department _____

Subjects Taught in 15-16: _____

Do you plan to return to Grace King next year? _____ Retiring? _____

If not, please use the attached form to resign your position.

Years at Grace King _____ Years in JPPSS _____ Total years of teaching experience _____

All areas of certification: _____

Subjects taught with 12+ graduate hours: _____

Indicate teaching preferences for which you are highly-qualified and interested in teaching during the 16 – 17 academic school year.

1st _____ 2nd _____ 3rd _____

Select membership of TWO organizations

- | | |
|--|---|
| _____ School Improvement Team (Titles I and III) | _____ Teacher and Student Handbooks |
| _____ Safety & Emergency Plan | _____ Test Preparation |
| _____ Positive Behavior Support (PBIS) & ABIT | _____ Parental/Community Relations & Events |
| _____ Remediation and Tutoring | _____ Data and Accountability |

Instructional Supply Requests

Technological Resources:

Manipulatives:

Visual Aides:

Reference Material:

Contact Information

Name: _____

Address: _____
Number Street Apt. # City State Zip Code

Telephone Numbers: (Home) _____ (Cell/Pager) _____

Alt. Address: _____
Number Street Apt. # City State Zip Code

Alternate Telephone Numbers: _____

Please report any changes to your contact information to the administration via e-mail.

Teacher's Signature _____ Date _____



RESIGNATION FORM

Name: _____ Emp. Number: _____

Address: _____ Phone Number: _____

_____ E-Mail: _____

School/Dept.: _____ Present Position: _____

Resignation Date: _____

I am resigning from the Jefferson Parish Public School System because:

- Dissatisfied with school/district - discipline/classroom control
- Dissatisfied with school/district - duties incompatible w/educational training
- Dissatisfied with school/district - poor curriculum planning
- Accepted another job in a Louisiana district or school
- Accepted a position in an out of state district or school
- Accepted Employment outside the field of education
- Family/personal relocation
- Homemaking/caring for a family member/maternity leave
- Illness/disability – Health Problems/medical reasons
- Personal reasons
- Salary
- Other (please specify) _____

Teachers (including certified administrators who job descriptions require teaching certificates) transferring from one public school system to another within the State of Louisiana are entitled to transfer accumulated sick leave to the receiving system. Please indicate below the option you wish to choose regarding your accumulated sick leave (ASL):

Transfer all my ASL from Jefferson to a receiving school system Yes No

Specify Louisiana school district to transfer ASL days: _____

If you are resigning from your position but will be receiving Social Security or Optional Retirement Plan (ORP) benefits, please check YES. This option is only for employees that did not contribute to a statewide retirement system such as TRSL or LSERS. (If you check YES, you may be eligible to continue your Office of Group Benefits health insurance coverage as a Social Security or ORP retiree.) Yes

SIGNATURE OF EMPLOYEE

DATE SIGNED