



STATE OF LOUISIANA
 DEPARTMENT OF EDUCATION
 RECOVERY SCHOOL DISTRICT
 1641 POLAND AVE., NEW ORLEANS, LA 70117
 1-877-343-4773 • www.rsdl.net



Employee Information

Last Name	First Name	M.I.	Other Name(s) Used	Personnel #
Current School		Current Position/Subject and Grade Level		Hire Date
*Please provide your phone number so we have the most updated on file		*Please provide your email (other than your rsd account) so we have the most updated on file		
Certificate Type and Number	Expiration Date	Endorsement(s)		
Certification Status				

If you have any changes to the above information, which we currently have on record for your employment, please alert us by writing the information on the back of this sheet. For changes regarding your certification status, please contact Amber Morgan amber.morgan2@rsdla.net

Declaration of Intent for 2009-2010 School Year

Please initial next to the choice that applies and sign the document. This form should be returned to your school site administrator no later than **Wednesday, April 22, 2009**. Your administrator will then give the form to Human Resources by April 24.

Initial	
	I intend to continue working for the RSD during the 2009 – 2010 school year. I understand that I must meet all requirements for my position in order to be considered for continued employment.
	I intend to apply for a transfer to another school within the Recovery School District.
	I intend to apply for a leadership position in the Recovery School District, such as an SLC or math/literacy coach or a position that may be at another location other than my current school site.
	I intend to retire at the end of this school year and my retirement date is (month/day) _____ 2009
	I intend to resign at the end of this school year and my resignation date is (month, day) _____ 2009. <i>(If you do not intend to return to your position for the 2009 -2010 school year and you would like to keep your health benefits through the summer of 2009, please provide us with your decision by April 22 and insert a resignation date of August 1, 2009.)</i>
	I am currently on _____ (indicate type) leave and will not be able to return. I understand I must be released by my physician and cleared by Human Resources to return to work for 2009-2010.

Employee Signature: _____ Date: _____