

RESIGNATION FORM

I, _____, HEREBY SUBMIT MY RESIGNATION FROM
MY POSITION AS _____ AT _____
TO BE EFFECTIVE AS OF _____ (DATE). MY LAST DAY WILL
BE _____ (DATE).

I AM RESIGNING DUE TO: _____ RETIREMENT
 _____ HEALTH
 _____ OTHER EMPLOYMENT
 _____ PERSONAL REASONS
 _____ OTHER

EMPLOYEE SIGNATURE

DATE

DIRECTOR OF SCHOOLS

DATE