

BLYTHEVILLE SCHOOL DISTRICT #5
405 Park Street
Blytheville, Arkansas 72315

Resignation Statement

Date _____

Social Security Number _____

Beginning Date of Employment _____

I, _____, hereby resign my position
as _____ at _____ effective _____.

The reason for my resignation is as follows: _____

My forwarding address is: _____

I plan to begin working for the following employer: _____

I (do/do not) plan to seek other employment.

I would be available to become re-employed with this company on the following date: _____

Signature

Submit to Superintendent's Office.

Superintendent _____

Board Meeting _____

Business Office _____

Human Resource _____