

RESIGNATION FORM

Name: _____

Position: _____

Reason for Resignation (*optional*): _____

Preferred Departure Date: _____

Mailing address for final check/paperwork _____

List all equipment, keys, grade books, etc to be returned before last day _____

Exit interview schedule with HR Dept Staff (date) _____

Signature: _____ Date: _____

Official Use

Received by: _____ *Date:* _____

Superintendent's Signature: _____ *Date* _____

Action: _____ *Effective Date:* _____

Comments: _____
