

SHAWNEE PUBLIC SCHOOLS

Resignation Form for Certified & Support Staff

Name _____ Date _____

SS# _____ Phone _____

Reason for Leaving _____

Last day worked will be _____

My Assignment is:

Position School/Department

I waive my right to notify the District of my resignation via certified mail.

Bank sick leave for retirement.

Please transfer my sick leave to: _____
Your sick leave may be transferred to another district in state.

Signature Telephone Number

Address City State Zip

If currently enrolled in the Health Insurance Program, you must contact the District's Insurance representative, (878-1026)

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For office use only:

To: _____

You are advised that your resignation form was received in the Human Resources Office on

_____ and action by the Board of Education was/will be taken on _____

Assistant Superintendent
Human Resources

Date