



Resignation Form

Today's Date: _____

Employee Name: _____ Employee ID # _____

Employee Signature: _____ School/Department: _____

Supervisor's Name: _____ My Last Work Day Will Be: _____

Please accept this as my letter of resignation from my position(s):

The reason for my resignation is (please check one):

- Medical Reasons Child Care Education Moving
- Family Reasons Personal Reasons Dissatisfaction Retirement
- Other Employment in Education Other Employment (Private Sector)
- Reason Not Listed (Please state) _____

Explanation: _____

* If you wish to write a resignation letter, please submit it along with this form, or you may email it directly to your Regional Employment Specialist in Human Resource Services at MS #13.

If moving, please include forwarding address for W-2:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I would like to continue with Kyrene as a Substitute.

For school office use only:		<input type="checkbox"/> Resignation Letter Received/Sent to HR _____
<input type="checkbox"/> Form sent to HR	<input type="checkbox"/> Badge Returned	<input type="checkbox"/> Keys Returned
		<input type="checkbox"/> Resignation PAR Submitted # _____