



SEPARATION NOTICE

I, _____, hereby resign / retire my position as
(Name)
_____ at _____
(Job Assignment) *(School/Department)*

My last day will be _____, 20_____.

REASON FOR LEAVING:

- () Another Position
 - () Pursuing another profession
 - () Accepted another teaching position in _____
(County/School System)

- () Home/Family Needs
- () Poor Health - Physical Disability
- () Relocation
- () Retirement
- () To Attend School
- () Travel Difficulties
- () Other (Please Specify)

SIGNATURE

DATE

PRINCIPAL/SUPERVISOR APPROVAL

DATE