

Ocean Springs School District

P.O. Box 7002

Ocean Springs, MS 39566-7002

RESIGNATION FORM

Date:

Position Control Number

To whom it may concern:

This is to advise that I, will be resigning my position as

name

state position

with the Ocean Springs School District effective

date

For the following reasons:

- Health
- Found other employment
- Personal
- Retirement
- Other (specify)

Employee's Signature _____ Date _____

School/Department _____

Approved Not Approved

Principal/Supervisor Signature _____ Date: _____

Director of Human Resources _____ Date: _____

Chief Financial Officer _____ Date: _____

Superintendent _____ Date: _____

revised
2018 - 2019