



NOTICE OF RESIGNATION

Please complete and submit to Human Resources, District Office
human.resources@sspps.org

I, _____, hereby resign from my position(s) as:
(print name)

(Position)

(Building)

(Position)

(Building)

This resignation is effective at the end of the work day on:

(Date)

The reason for my resignation (please check the appropriate box):

- Retirement
- Employment in another MN Public School District
- Employment in a school district out of state
- Employment in a MN private school
- Other employment
- Other (please explain): _____

Signature

Date

Name (print)

Personal Email Address

Street Address

City, State, Zip

