

Wakulla County School Board
Human Resources Department
Resignation/Retirement/Drop Form

Employee Name: _____
(Please Print)

EIN # _____

Position Resigning: _____

School/Center: _____

I hereby resign/retire from the above position with the Wakulla County School Board. This will take affect at the close of busines on:

_____/_____/_____
Month Day Year

The reason is (you are required to check one):

- Employment in education **in** Florida
- Employment outside of education
- Employment in education **outside** Florida
- Personal reasons
- Retirement **service**
- Retirement **entering** Drop
- Retirement **exiting** Drop
- Disability Retirement
- Other, (please explain): _____

Employee Signature

Date

Supervisor Signature

Date

Lori Sandgren, EXEC. Director of HR

Date

Approved by the School Board on _____

Superintendent's Signature

Date