



PIEDMONT PUBLIC SCHOOLS

Administration Office

615 Edmond Rd NW
Piedmont, OK 73078

 **405.373.2311**

 **piedmontschools.org**

NAME: _____ **EIN#:** _____

REASON FOR LEAVING: _____

LAST DAY WORKED WILL BE: _____

MY ASSIGNMENT IS:

(POSITION) (SITE/DEPARTMENT)

I elect my accrued, but unused, sick leave be banked with OTRS.

Please transfer my sick leave to: _____

Up to 60 days sick leave may be transferred to another district in state. If you have accumulated sick days beyond 60, they can be paid or banked with OTRS.

SIGNATURE DATE

ADDRESS CITY STATE ZIP

TELEPHONE PERSONAL EMAIL ADDRESS

If currently enrolled in health insurance and/or any American Fidelity flexible benefits, you must contact Piedmont Schools' Human Resources Department at 405-373-2311.

TO: _____

You are advised that your resignation was received in the Human Resources Office on _____ and action will be taken by the Piedmont Schools Board of Education on _____

PATRICIA BALENSEIFEN **DATE**
Chief Officer of Human Resources