

**Michigan City Area Schools  
Employee Resignation/Retirement Form**

Date: \_\_\_\_\_

Please complete the following and submit with your signature:

I, \_\_\_\_\_, wish to  
(print name)

resign       retire

from:  my regular position as \_\_\_\_\_  
(position)

my extracurricular position as \_\_\_\_\_  
(position)

**ALL** my positions with MCAS, both regular and extracurricular

at \_\_\_\_\_, effective, \_\_\_\_\_. The reason for this  
(department, location, or school)      (last day of employment)

is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(It is optional to provide a reason.)

Name: \_\_\_\_\_  
(signature required)

Approval: \_\_\_\_\_  
(signature of immediate supervisor)

Address: \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city and state)

Date received in Personnel: \_\_\_\_\_

Approval: \_\_\_\_\_  
(signature of Central Office/Personnel)

Date for Board Approval: \_\_\_\_\_

**IMPORTANT NOTE:** If none of the boxes above are checked, we will assume that you are **resigning ALL** of your positions, and all of your assignments will be submitted to the Board as a resignation.

**PLEASE SUBMIT THIS FORM TO YOUR DIRECT SUPERVISOR FOR HIS/HER SIGNATURE.  
THE FORM SHOULD THEN BE SUBMITTED TO THE CENTRAL OFFICE  
FOR APPROVAL AND PROCESSING.**