



# ST. MARY PARISH SCHOOL BOARD

## Voluntary Removal from Substitute System

*This form is to notify the St. Mary Parish School Board of my decision to voluntarily remove myself from the substitute system.*

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

Employee ID: 

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Name: \_\_\_\_\_  
                    Last                                      First                                      Middle

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Removal Request:

- Accepted full-time employment with St. Mary Parish School Board.
- Accepted employment outside of St. Mary Parish School Board.
- Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail form to: St. Mary Parish School Board  
Human Resources  
P.O. Box 170  
Centerville, LA 70522

Or email to: tprados@stmaryk12.net  
amorris@stmaryk12.net