



## Brighton Area Schools Resignation/Retirement/Termination Form

Last Name:

First Name:

Building:

Position:

**Note:** Submit to Human Resources immediately upon completion and signature of Employee *and* Supervisor. As a rule, resignations become effective only after they are received in the Human Resources Office. Once submitted, the employee cannot rescind a resignation or retirement notification.

**SELECT ONE OPTION:**

- I hereby **RESIGN** from my position with Brighton Area Schools effective at the end of the day on: \_\_\_\_\_
- I plan to **RETIRE** from my position with Brighton Area Schools effective at the end of the day on: \_\_\_\_\_
- For Supervisors ONLY** - Employee has been terminated, effective:

**Expected/Required Notice:**

At least fourteen (14) calendar days' notice is expected. Less notice will be included as part of the personnel record of the employee and may influence future district employment.

**Reason for Resignation/Termination: Check One**

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| Retirement                         | Failure to Obtain/Maintain License   |
| Family Responsibility              | Other                                |
| To Work in another School District | Job Dissatisfaction (explain below): |
| Relocation                         |                                      |
| Health (Personal or Family)        |                                      |
| Career Change                      |                                      |

**Termination Reason:**

**I have no claims or grounds for any claims against my employer based upon my time of employment with Brighton Area Schools and am submitting this resignation of my own free will. I will return any property belonging to Brighton Area Schools prior to my resignation effective date.**

\_\_\_\_\_  
Employee's Signature  
(not required for Terminations)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

**For Human Resource Use Only**

Resignation/Retirement Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Follow up Comments: \_\_\_\_\_