Resignation Notification

Employee Name:_____ **Employee number: _____**

School/Department: _____ Current Position: _____

If resigning mid-year, indicate last day to be worked: _____

If resigning at the end of the school year, check here: ☐

To ensure access to pay stubs and W-2 documents, please provide a personal email address:

_____
@_____

Reason for Resignation: Please indicate the reason for resignation

Reason:	**Check box for reason**
Resign to work in another KY school district	☐
Resign to work in school district outside of KY	☐
Resign to work outside the field of Education	☐
Resign for personal reasons	☐
Resign for other reasons (list below)	☐

_____
_____
_____

Scan here to complete the state required exit survey.

Will you be transferring to another Kentucky School District? ☐ YES ☐ NO

If yes, which district _____

If transferring during the school year or within 15 days of the start of school, a release from contract will need to be approved by the superintendent.

☐ I understand that I am eligible to apply for future employment.

☐ I understand that I am not eligible to apply for future employment.

Have you completed the state required exit survey?

☐ YES ☐ NO

Employee signature _____ Date: _____

Witness signature _____ Date: _____

For Human Resource Use Only:

Release from contract Approved: ___ Denied: ___ Review Date: _____	Eligible for Future Employment Yes: ____ No: ____	_____ Signature of Superintendent or Designee