



Office of Human Resources
Mrs. Susan Fumo, Assistant Superintendent

Resignation Form

This form is to be submitted to the Office of Human Resources with a copy going to your immediate supervisor (i.e.: building principal, director). A **two-week notice** is needed and expected in order to facilitate a smooth transition.

Name: _____

Position: _____

**Supervisor/
Building Principal** _____

Building/Location: _____

Last Day of Work: _____

Please accept my resignation effective at the end of the workday listed above.

The reason for my resignation is _____

Signature: _____ **Date Submitted:** _____

 815-232-0300

 815-232-6717



 susan.fumo@fsd145.org

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