



RESIGNATION FORM

NAME: _____

REASON FOR LEAVING: _____

LAST DAY WORKED WILL BE: _____

MY ASSIGNMENT IS: _____

POSITION

SITE/DEPARTMENT

☐ I elect my accrued, but unused, sick leave be banked with OTRS.

☐ Please transfer my sick leave to: _____

SCHOOL DISTRICT NAME

*Up to 60 days of sick leave may be transferred to another district in state. If you have accumulated sick days beyond 60, they can be paid **only if retiring** or banked with OTRS. Leave will be sent to OTRS if no leave transfer request has been received within 60 days of resignation.*

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

PERSONAL EMAIL ADDRESS

If currently enrolled in health insurance and/or any American Fidelity flexible benefits, you must contact Piedmont Schools' Human Resources Department at 405-373-2311.

TO: _____

You are advised that your resignation was received in the Human Resources office on: _____

and action will be taken by the Piedmont Schools' Board of Education on: _____

PATRICIA BALENSEIFEN

Chief Officer of Human Resources

DATE