



R E S I G N A T I O N

TO BUTLER COUNTY SPECIAL EDUCATION:

I, _____, wish my employment to be terminated effective _____, 20__.

I wish my last day of paid employment to be _____, 20__.

Reason for leaving

Supervisor's Name _____

Building _____

Employee's Signature

Date

The above request for termination was approved.

Date Approved

Director/Assistant Director of Special Education

Special Instructions regarding the above request:

PLEASE RETURN THIS FORM TO THE INTERLOCAL CENTRAL OFFICE.