Goddard USD #265

Classified Resignation Notice

Name_____ Date of Notice_____

Department_____ Notice Given To_____

Last Day of Work_____

Please complete the following information:

1. I am resigning for the following reason (s):

_____Moving from the area	_____Dissatisfied with hours
_____Change in career interest	_____Dissatisfied with fellow workers (including management)
_____Dissatisfied with job assignment	_____Dissatisfied with promotional opportunities
_____Dissatisfied with salary/benefits	_____Other:_____

2. Do you have insurance through USD 265 Goddard Public Schools?
   If yes, please contact the payroll department.

3. Please print below an address where we can mail your W-2 form and a phone number you can be reached if questions arise:

_____
Address

_____ _____
City State, Zip

(_____)_____
Phone

_____ _____
Employee's Signature Date

_____ _____
Supervisor's Signature Date

_____ _____
Assistant Superintendent Human Resources Date