



Voluntary Resignation from Employment

To: Director of Human Resources

Date Submitted: _____

Name: _____
Employee's Last Name First Name M.I.

School Site: _____

Job Title: _____

I voluntarily resign my position with Enid Public Schools.

My last working day will be: _____
Month Day Year

Reason for leaving: *(please check the appropriate reason)*

- | | |
|---|---|
| <input type="checkbox"/> Retirement (01) | <input type="checkbox"/> Marriage (06) |
| <input type="checkbox"/> Another School in State (02) | <input type="checkbox"/> Personal Reasons (07) |
| <input type="checkbox"/> Teach Out of State (03) | <input type="checkbox"/> Maternity/Family/Children (10) |
| <input type="checkbox"/> Other Employment (04) | <input type="checkbox"/> Moving Due to Spouse's Employment (11) |
| <input type="checkbox"/> Health Reasons (05) | <input type="checkbox"/> No Reason Provided (00) |

Any further correspondence after my departure may be forwarded to the following address:

Mailing Address City State Zip

Employee's Signature Date Signed

Name of Supervisor Date Supervisor Notified

This section to be completed by the Human Resources Department:

Date Resignation Received: _____ By: _____

- ☐ Resignation accepted ☐ Resignation will be accepted after a satisfactory replacement is employed
☐ Resignation not accepted

Date Exit Interview Completed: _____ Comments: _____

Signature of Superintendent Date

Date placed on Board of Education Agenda: _____
