

Resignation/Retirement Notice

Pulaski County Special School District

Attention: _____ Date: _____

I, _____, hereby submit my resignation from the following

position/assignment: _____

School or Department: _____

Last day of service (month/day/year): _____

Please check one: Resignation Retirement

If resignation, list reason: _____

Note: *If you are resigning at the end of the contract year and will be employed by another Arkansas school district the following year, you may be eligible for health insurance benefits portability. Contact the Health Insurance Representative in the PCSSD Business Office for more information.*

I understand that my final salary cannot be released until my file is complete and this resignation has been accepted.

Signature: _____

Mailing Address: _____

Employee ID Number: _____

FOR IMMEDIATE SUPERVISOR:

I recommend that the resignation be: Approved Denied

Employee evaluation attached? Yes No On file

Signature: _____

Approved Denied

Superintendent, Assistant Superintendent, or
Director of Human Resources