



VOLUNTARY RESIGNATION/ SEPARATION FROM EMPLOYMENT STILLWATER PUBLIC
SCHOOLS
314 S. Lewis
Stillwater, OK 74074
405.533.6300

Employee ID: _____ Employee Name: _____
Last *First*

Position Title: _____ Position #: _____

I resign my position with Stillwater Public Schools effective:

Last Day of Employment: ____/____/____

Reasons for leaving (please check appropriate reason):

- | | | |
|---|---|--|
| <input type="checkbox"/> Continue education | <input type="checkbox"/> Personal reason | <input type="checkbox"/> Moving/ spouse employment |
| <input type="checkbox"/> Teach out of state | <input type="checkbox"/> Staying home | <input type="checkbox"/> Rescinded employment |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Not rehired | <input type="checkbox"/> Job abandonment (completed by supervisor) |
| <input type="checkbox"/> Leave of absence | <input type="checkbox"/> Another school in state | |
| <input type="checkbox"/> Terminated | <input type="checkbox"/> Health reasons | |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Deceased (completed by supervisor) | |
| <input type="checkbox"/> Interim Position | | |
| <input type="checkbox"/> Other employment | | |

It is the responsibility of the employee to ensure that a correct mailing address is on file with the Human Resource Department.

If SPS has questions regarding this resignation, please provide a contact number: _____

Employee Signature: _____ Date Signed: _____

Form completed by supervisor Reason why: _____

Supervisor's Signature: _____ Date Signed: _____

Post the position? YES or NO

- Keys Returned
- Staff ID Returned

To be completed by Administration Office:		
Accepted	Accepted after a satisfactory replacement is found	Not Accepted
By: _____ Date Accepted: _____ <i>Signature</i>		
Placed on Board Education Agenda ____/____/____		