RESIGNATION

PS-163 Rev. 5/2015

| Name: | Date: |
|--|---|
| Position: | School: |
| Effective Date: | I.D.# |
| Please accept this as my letter of resignation | ation for one of the following reasons: |
| (Please check one) | |
| A – Retirement | |
| B – Resignation for employment in education in Florida | |
| C – Resignation for employment outside of education | |
| D – Resignation with prejudice | |
| E – Resignation for other personal reasons | |
| L – Resignation for employment in education outside Florida | |
| Resignation contingent upon my a the District | appointment to another position within |
| Sincerely, | |
| | |
| (Signature) | |
| (Principal's signature of acceptance) | (Date accepted) |
| MIS DEPARTMENT ONLY | |
| Employee's access (if any) to District On-Line Information was verified and deleted. | |
| Ву: | Date: |