POLICY 4165 FORM 2

## MILLARD PUBLIC SCHOOLS SEPARATION NOTICE

Employee	Employee ID#	
Position	Full-time	Part-time
School (s)		
Termination Effective Date		
Please check one: Certificated Non-Certificated	_	
Reason for termination:		
Resigned (have employee complete Form 1)		
Retiring (have employee complete Form 1)		
Discharged		
Layoff (Reduction in Force)		
Other		<del></del>
Eligible for re-hire: Yes No		
Comments		
		<u></u>
		<u></u>
		<u></u>
Principal/Supervisor's Signature	Date	
Approved by:	Date	

Revised: 1/14/14

POLICY 4165 FORM 1

## MILLARD PUBLIC SCHOOLS SEPARATION NOTICE

Today's Date:	Employee ID#	
I,	_, am submitting my resignation to Millard Public S	chools and my
Immediate Supervisor		·
Effective Date:	_	
Job Title	Building (s)	
I am submitting my resignation for the follow		
Retiring		
Another job in education (Please be specific)		
Another job outside of education		
Family responsibilities		
Additional education		
Job dissatisfaction and/or working cond	ditions	
Health		
Other (explain):		
Comments:		
My forwarding address and/or phone number:		
Employee's Signature		

Revised: 1/14/14