

**INDEPENDENT SCHOOL DISTRICT 16
NOTIFICATION OF RESIGNATION FORM**

Please complete the information and forward this form to the **Human Resources Department**.

1415 81st Avenue NE
Spring Lake Park, MN 55432
763-795-6790

I, _____, _____
(Name) (Employee ID Number)

hereby resign my position as a(n) _____
(Job Title)

at _____
(School Site / Department)

My last day of work will be _____
(mm/dd/yy)

I am resigning my position for the following reason:

Please choose one:

- | | |
|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Full-time Employment Elsewhere | <input type="checkbox"/> Personal Reason |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Return to School | <input type="checkbox"/> Voluntary Resignation |
| <input type="checkbox"/> Other | |

Please give a reason for your choice indicated:

If your resignation is due to a hardship, did you request a leave of absence?

- Not applicable to me No Yes

By signing this resignation I declare that I have notified my school site and have given sufficient notice.

Signature

Date