

COLUMBUS MUNICIPAL SCHOOL DISTRICT
RESIGNATION FORM

ATTENTION: PERSONNEL

NAME OF EMPLOYEE: _____

SOCIAL SECURITY #: _____

LOCATION: _____
(School/Department)

POSITION: _____
(Include grade/subject for teacher)

FUNDING: _____ District _____ Title I _____ SPED _____ Other: _____
Please explain

LAST DAY OF EMPLOYMENT: _____

REASON FOR
RESIGNING: _____

_____ Check if you will be working in Mississippi and will be covered under the state health plan.

EMPLOYEE'S SIGNATURE: _____
(Date)

PRINCIPAL OR
SUPERVISOR: _____
(Signature) (Date)

SUPERINTENDENT: _____
(Signature) (Date)

**IMPORTANT: SEND THIS NOTICE TO PERSONNEL AND A COPY TO
PAYROLL/CENTRAL OFFICE**

C/O USE:
AGENDA _____

Revised: 12/06