The School Board of Polk County Florida

Human Resource Services

Resignation/Retirement - for Non-Instructional Personnel

Work Location Number: _____

_____ _____
Work Location Name Position

Social Security No. _____ SAP No. _____
Last 6 digits

Name:_____

Address:_____

I hereby resign my position as an employee of the School Board of Polk County, Florida

effective on _____ (last day worked).
Month-Day-Year

RESIGNATION

Other Employment _____
Personal Health/Disability _____
Personal Reasons _____

Are you:

Currently on LOA Yes ____ No ____

RETIREMENT

Regular _____
Disability _____

Are you:

Currently on LOA Yes _____ No ____

Comments: _____

_____

_____ _____
Signature of Employee Date

*********TO BE COMPLETED BY THE SUPERVISOR********

I would recommend for re-employment? ____Yes ____No **(If "No" Comments selection must be completed.)**

Comments: _____

_____

_____

_____ _____
Signature of Supervisor/Principal Date