



2025-2026

**GEORGE COUNTY SCHOOL DISTRICT
494 COWART STREET
LUCEDALE, MS 39452**

PHONE 601-947-6993

FAX 601-530-0852

PERSONNEL RESIGNATION FORM

Date _____

To: Superintendent

I, _____, hereby resign from the

Name

following position: _____

Job/Position

School

now held by me as an employee of the George County School District.

This resignation is to become effective: _____
(month, day, year)

Reasons:

- _____ **My health will not allow me to continue employment.**
- _____ **Health problems of my family will not allow me to continue employment.**
- _____ **I am moving from the community.**
- _____ **I am accepting employment in education in this state.**
- _____ **I am accepting employment in education in another state.**
- _____ **I am accepting employment out of education.**
- _____ **I am dissatisfied with my job.**
- _____ **I am going to school.**
- _____ **My family needs me at home.**
- _____ **I am dissatisfied with my supervisor.**
- _____ **Fired**
- _____ **Death**
- _____ **Reduction in force.**
- _____ **Retirement**
- _____ **Other**

My permanent address is: _____

Signature of Employee

Date

Signature of Principal/Supervisor

Date

Principal/Supervisor: Attach to Personnel Change/Recommendation Form