



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: _____

My personal email address is: _____

Signature of Employee

Date

Signature of Principal/Supervisor

Date

Principal/Supervisor: Attach to Personnel Change/Recommendation Form