



Date Received by Central Office

____/____/____

MOREHOUSE PARISH SCHOOL BOARD

Resignation / Retirement Form

Employee: _____ Dept/School: _____

Employee Number _____

Address: _____

Telephone: _____ Title/Position: _____

Check which applies: ☐ Resignation ☐ Retirement

Reason for Resignation: _____

Effective Date: _____ Last Day Worked: _____

Are you a PIP Participant? ☐ Yes ☐ No

This section applies ONLY to those resigning:

Do you carry Louisiana State Group Insurance? ☐ Yes ☐ No

If Yes, complete the following:

1. If you are transferring to another Louisiana School System, write the name of the School system: _____

Please notify Insurance Clerk to transfer coverage:

2. If you are NOT transferring to another Louisiana school system, do you want to continue your medical coverage under COBRA?

Signature of Employee: _____ Date: _____

Please mail your new address to the School Board if moving. This is needed to mail out your W-2 in January.

Approved by: _____ Date: _____

Superintendent

Copies of this form will be provided to the following: ☐ Personnel Folder ☐ Principal/Supervisor ☐ Employee