EAST BATON ROUGE PARISH SCHOOL SYSTEM
OFFICE OF HUMAN RESOURCES
1050 SOUTH FOSTER DRIVE
BATON ROUGE, LA 70806

NOTICE OF RESIGNATION

EMPLOYEE NAME (Print): _____

EMPLOYEE NUMBER: _____

PLEASE ACCEPT MY RESIGNATION AS FOLLOWS:

SCHOOL/LOCATION: _____

TITLE OF POSITION: _____

EFFECTIVE DATE OF RESIGNATION: _____

REASON FOR RESIGNATION: _____

COMMENTS:

_____

_____

_____

ORIGINAL FORM MUST BE SUBMITTED TO THE OFFICE OF HUMAN RESOURCES

I understand that this resignation is not official until it has been read and accepted by the Superintendent.

SIGNATURE: _____ **DATE:** _____