



RESIGNATION FORM

District 625
360 Colborne Street
Saint, Paul MN 55102-3299

Human Resource Department
Telephone: (651) 767-8200
Fax: (651) 665-0269
[Web site: http://hr.spps.org/forms](http://hr.spps.org/forms)

AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

Please complete the following, sign and return to your immediate Supervisor who will sign and forward immediately to the Human Resource Department. Please keep a copy for your records.

Name: _____ Employee ID: _____
(Please print)

I hereby resign from Saint Paul Public Schools, effective at the end of the day on

_____ Month _____ Day _____ Year

My job title is: _____ The location of my assignment is: _____

The reason for my resignation is (check one):

- Retirement – General
- Retirement – Disability
- Medical Partial or Total Disability
- Career Change (New Profession)
- Employment in another MN Public School District
- Employment in a MN Private School
- Employment in a School District out of State
- Other (Please explain): _____

New forwarding address, effective date and phone number (if applicable) _____

The following items must be returned to your immediate supervisor or his or her designee by your last day of work: Keys, Uniforms, Credit Cards, Computer, Cell Phone, Pagers, ID Badge, Resource Books or Materials, Other equipment or property belonging to Saint Paul Public Schools (e.g. Palm Pilots), Completed final timecard(s), Voicemail and/or computer access codes.

Please complete and return an **Exit Interview** (on-line or by paper) to the Human Resource Department. Please note that this is voluntary. The on-line form can be located at the following address. <http://hr.spps.org/exitinterview>. Your comments are of vital importance in helping us maintain a safe and respectful working environment.

Your Signature

Today's Date

Supervisor's Signature

FOR OFFICE USE ONLY	
Staffing Specialist _____	Date: _____