

USD #263 Mulvane
RESIGNATION FORM

DATE: _____

TO: Dr. Donna Augustine-Shaw, Superintendent and

Supervisor's name

I, _____, am notifying USD #263 Mulvane of my
employee's name

resignation from my position of _____
employee's position

effective _____
last day of work

Employee's signature

****PLEASE SUBMIT COMPLETED AND SIGNED FORM TO PAYROLL DEPARTMENT****

Per the Support Staff Handbook, page 3, Resignations:

Employees may request release from employment at their discretion provided they give a two week notice. A written notice of resignation shall be given to the immediate supervisor and forwarded to the Superintendent of Schools.