



Livingston Parish Public Schools

P.O. Box 1130
13909 Florida Blvd.
Livingston, Louisiana 70754
Phone: (225) 686-7044 Fax: (225) 686-4257

<u>Office Use Only</u>
H/R _____
Supervisor _____

NOTICE OF RESIGNATION

(This form is for resignation purposes only. Submit the original to the Human Resource Department.)

EMPLOYEE NAME (Print): _____ EMPLOYEE # _____
SCHOOL/LOCATION: _____ TITLE OF POSITION: _____
PHONE NUMBERS: HOME _____ CELL _____
CURRENT ADDRESS: _____
REASON FOR RESIGNATION: _____
RESIGNATION DATE(last day worked): _____

Please note the month you resign in all insurance will be terminated on the last day of that month

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

As an employee of Livingston Parish Public Schools you are responsible for all decisions concerning your resignation. Signing this form confirms that no member of the Livingston Parish Public Schools staff has advised you to resign from your currently held position with Livingston Parish Public Schools.

If you wish to remain an active substitute, please check the appropriate box Yes No

Employee Signature

Date

Principal/Supervisor Signature

Date