

RESIGNATION

PS-163
Rev. 2/2024

Name: _____ Date: _____

Position: _____ School: _____

Effective End of Day: _____ I.D. # _____

Please accept this as my letter of resignation for one of the following reasons:

(Please check one)

☐ A – Retirement

☐ B – Resignation for employment in education in Florida

☐ C – Resignation for employment outside of education

☐ D – Resignation with prejudice

☐ E – Resignation for other personal reasons

☐ L – Resignation for employment in education outside Florida

☐ - Resignation contingent upon my appointment to another position within the District

☐ - Resignation from supplement titled: _____

Sincerely,

(Signature)

(Principal's signature of acceptance)

(Date accepted)

MIS DEPARTMENT ONLY

Employee's access (if any) to District On-Line Information was verified and deleted.

By: _____ Date: _____