



## RESIGNATION NOTIFICATION

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Please complete requested information and return the form to the Department of Human Resources 2121 Woodland Street Springfield, TN 37172, Phone: 615-384-5588, Fax: 615-384-9749. *This form may serve as your official resignation notification.*

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Subject(s): \_\_\_\_\_

Effective \_\_\_\_\_ Resignation \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Separation: \_\_\_\_\_

Request Return of Teaching Certificate:  No  If Yes,  Pick Up or  Mail

Upon resignation, I agree to surrender all property of the Robertson County Board of Education (RCBOE), which includes, but is not limited to, keys, pagers, and computer equipment, to the proper RCBOE authority.

c: Principal

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Supervisor

Employee Signature

\_\_\_\_\_ Date

*FOR OFFICE USE ONLY*

HR: \_\_\_\_\_ DOS: \_\_\_\_\_ PAYROLL: \_\_\_\_\_ HR: \_\_\_\_\_