



**NON-CERTIFIED  
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.*

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

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

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

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

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

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

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

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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: \_\_\_\_\_