

FREDERICKSBURG INDEPENDENT SCHOOL DISTRICT Employee Notice of Voluntary Resignation or Retirement

Complete and sign the following form and return it to your immediate supervisor. Please print clearly.

Last Name			First Name		MI
Social Secur	rity Number				
Street Address Campus/Department Immediate Supervisor			City/State Position		Zip
			This is my n	notice to: (chec	k one)
	☐ Resign Effective date of my resignation:				•
	Retire	Effective date		·	
Reason:					
Signature of	Employee			Date	
Signature of Immediate Supervisor				Date	
Approval of Superintendent (needed for Contract Personnel)				Date	
Signature of Assistant Sunt Of Operations & Personnel				 Date	