

VOLUNTARY RESIGNATION/SEPARATION FROM EMPLOYMENT STILLWATER PUBLIC SCHOOLS 314 S. Lewis Stillwater, OK 74074 405.533.6300

Employee ID:	Employee Name:			
		Last	First	
Position Title:		Position #:		
I resign my position wi	ith Stillwater Public Scho	ools effective:		
Last Day of Employmer	nt://			
Reasons for leaving (pl	lease check appropriate	reason):		
Continue Education	Other	Employment	Deceased (completed by	
Teach Out of State		nal Reason	supervisor)	
Marriage		g Home	Moving/Spouse Employment	
Leave of Absence	Not Re		Rescinded Employment Job Abandonment	
Terminated		er School in State	(completed by supervisor)	
Retirement		Reasons	(
Interim Position	Staying	g Home		
with the Human Resource Department. If SPS has questions regarding this resignation, telephone number:				
Employee Signature:			Date Signed:	
Form completed by S	Supervisor Reason	Why:		
Supervisor's Signature:	Supervisor's Signature: Date Signed:			
Post the Position? Yes No If yes, post as follows:				
To be completed by Administration Office:				
Accepted Accepted after a satisfactory replacement is found Not Accepted				
Ву:	By: Date Accepted:			
	Signature			
Placed on Board of E	ducation Agenda/	/		