



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 with Stillwater Public Schools effective:**

Last Day of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reasons for leaving (please check appropriate reason):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Continue Education | <input type="checkbox"/> Other Employment        | <input type="checkbox"/> Deceased (completed by supervisor) |
| <input type="checkbox"/> Teach Out of State | <input type="checkbox"/> Personal Reason         | <input type="checkbox"/> Moving/Spouse Employment           |
| <input type="checkbox"/> Marriage           | <input type="checkbox"/> Staying Home            | <input type="checkbox"/> Rescinded Employment               |
| <input type="checkbox"/> Leave of Absence   | <input type="checkbox"/> Not Rehired             |   |
| <input type="checkbox"/> Terminated         | <input type="checkbox"/> Another School in State |   |
| <input type="checkbox"/> Retirement         | <input type="checkbox"/> Health Reasons          |   |

**It is the responsibility of the employee to ensure that a correct mailing address is on file with the Human Resource Department.**

If SPS has questions regarding this resignation, telephone number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Form completed by Supervisor Reason Why: \_\_\_\_\_

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

By: \_\_\_\_\_ Date Accepted: \_\_\_\_\_  
*Signature*

Placed on Board of Education Agenda \_\_\_\_/\_\_\_\_/\_\_\_\_