



WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT
RESIGNATION/RETIREMENT FORM

Section I Employee Information *Please attach any supporting documents for action request*

I, _____ SS# _____
 (AS NAME APPEARS ON SOCIAL SECURITY CARD)

hereby wish to resign my position as: _____,
 (POSITION TITLE AS LISTED ON CONTRACT)

and my last day of work will be: _____.

Are you retiring Yes No If Yes, have you contacted PERS for processing? Yes No

The reason(s) for my resignation are as follows:

NOTICE:
 If you are currently enrolled in the Mississippi State Employees Medical Insurance Plan, and plan to continue working in another District or State Agency, indicate here: YES _____ NO _____

If yes, and you know it, indicate District or State Agency name here: _____

If you have any questions, please contact the Business Office:

Employee Signature: _____ Date: _____

Section II Superintendent

Department: _____ Number _____ School Year _____

_____ I accept the employee's request to resign from this position.
 (Initial)

_____ I deny the employee's request to resign from this position.
 (Initial)

Last Working Day: _____ Percent of last day completed: _____

Items Collected:

Badge EEF Card Key(s) Technology/Laptop Other: _____

Superintendent Signature: _____ Date: _____

Section III District Office

BOARD:	PAYROLL:	INSURANCE:
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