



**WEST BATON ROUGE PARISH SCHOOL SYSTEM
HUMAN RESOURCES DEPARTMENT
3761 ROSEDALE ROAD
PORT ALLEN, LA 70767**

NOTICE OF RESIGNATION

EMPLOYEE NAME (Print) _____

Street Address (Apt. #) City State Zip

SOCIAL SECURITY NUMBER _____

Please accept my resignation as follows:

SCHOOL/LOCATION _____

TITLE OF POSITION _____

EFFECTIVE DATE OF RESIGNATION _____

REASON FOR RESIGNATION _____

COMMENTS _____

***** Original form must be submitted to Human Resources *****

Signature _____

Date _____