



Livingston Parish Public Schools

P.O. Box 1130
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Livingston, Louisiana 70754
Phone: (225) 686-7044 Fax: (225) 686-3052

<u>Office Use Only</u>	
H/R	_____
Insurance	_____
SFS	_____
SPED	_____
Other	_____

NOTICE OF RESIGNATION

(This form is for resignation purposes only. Submit the original to the Human Resource Department.)

EMPLOYEE NAME (Print): _____	EMPLOYEE # _____
SCHOOL/LOCATION: _____	TITLE/POSITION: _____
PHONE NUMBERS: HOME _____	CELL _____
REASON FOR RESIGNATION: _____	
EFFECTIVE DATE OF RESIGNATION: _____	

I understand that this resignation is not official until it has been read and accepted by the Superintendent and a proper replacement has been found.

As an employee of Livingston Parish Public Schools you are responsible for all decisions concerning your resignation. Signing this form confirms that no member of the Livingston Parish Public Schools staff has advised you to resign from your currently held position with Livingston Parish Public Schools.

Employee Signature

Date

Principal/Supervisor Signature

Date