

JEFFERSON COUNTY PUBLIC SCHOOLS

LETTER OF RESIGNATION

EFFER OF RESIGNATION	
Please accept my resignation from the Jefferson County Publi	ic Schools for the following reason(s):
Please note: access to JCPS systems will be disabled on the last work day or contract date. I am requesting that this resignation become effective on (date)	
Respectfully,	
Print Name:	
Employee ID Number:	
Address:	
Telephone Number (Home Phone)	(Cell Phone)
Current Position	
Work Location	
Signature	Date
Complete and email a copy of the signed form to your Human Resources Specialist Zone 1: JCPS.Zone1-HR@jefferson.kyschools.us Middle School: JCPS.MS-HR@jefferson.kyschools.us Zone 2: JCPS.Zone2-HR@jefferson.kyschools.us High School: JCPS.HS-HR@jefferson.kyschools.us Zone 3: JCPS.Zone3-HR@jefferson.kyschools.us Admin & Central Office: JCPS.Admin-CO-HR@jefferson.kyschools.us	
OFFICE USE ONLY	
DATE RECEIVED:	

Copy: Personnel File