



**JEFFERSON COUNTY PUBLIC SCHOOLS**

**LETTER OF RESIGNATION**

Complete and fax to (502) 485-3635.

Please accept my resignation from the Jefferson County Public Schools for the following reason(s):

\_\_\_\_\_

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

OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

Copy: Personnel File