

## **Voluntary Resignation Form**

Employee Information	_	
Employee Name:	Today's Date:	Date for Final Day of Employment:
Employee Number:		
Please list all positions that you hold with the Nebo School District from which you are resigning.		
Position:	School/Department:	
Position:	School/Department:	
Position:	School/Department:	
Resignation Notice		
This is my official notice of resignation from Nebo School District. My reasons for resigning are as follows:		
Employee Acknowledgement (Please Initial)		
☐ I certify that this resignation is executed by me voluntarily and of my own free will.		
<ul> <li>I understand and agree that my resignation is irrevocable upon my administrator acknowledging receipt of this document with my signature.</li> </ul>		
I hereby waive any and all rights for continued employment with Nebo School District following the submission of this form to my administrator. I acknowledge my final day of employment with Nebo School District is the date listed above.		
☐ I have no claims or grounds for claims against Nebo School District during my employment.		
☐ I have retained a copy of this document.		
Employee Signature:		Date:
Forwarding Address:		
Please notify the Human Resources Department if your forwarding address changes in the next 12 months for W-2 purposes.		
Administrator Acknowledgement		
This resignation has been accepted and acknowledged for termination.		
Administrator Signature:		Date:
Human Resources Department		
Received By:		Date:
Approved By:		Date: