



# Voluntary Resignation Form

## Employee Information

Employee Name:	Date:	Effective Date:
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.
   
 I understand and agree that my resignation is irrevocable upon the execution of this document.
   
 I hereby waive any and all rights to continued employment with Nebo School District following the effective date of my resignation as specified 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:
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Forwarding Address:

**Please notify the Human Resources Department if your forwarding address changes in the next 12 months for W-2 purposes.**

## Principal/Supervisor Acknowledgement

This resignation has been accepted.

Principal/Supervisor Signature:	Date:
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## Human Resources Department

Received By:	Date:
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Approved By:	Date:
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