



BOONE COUNTY SCHOOLS EMPLOYMENT RESIGNATION

TO: **Superintendent
Boone County Schools
8330 U.S. Highway 42
Florence, KY 41042**

ATTN: **Human Resources
Administrator/Supervisor**

I, _____, hereby resign my position as a
(print name)

_____, at _____.
(position) (location/school)

Note: 12 month employees must use any unused vacation prior to the last day of work (unless otherwise approved by the superintendent or designee.)

I also hold the following position(s) that I am resigning from: _____

Resignation Date: _____

Retirement Date: (if applicable) _____

My reason for resigning other than retirement is: _____

I may be contacted at: (address) _____

Phone #: _____

(Signature**)

(Employee Number)

(Date)

****Disclaimer: Signing this form informs Human Resources that you have notified your Supervisor/Principal of your pending termination.**

Received by _____ Date _____

