

# CLIFFSIDE PARK BOARD OF EDUCATION: RESIGNATION FORM

## DETAILS

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
School Location: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Resignation Date: \_\_\_\_\_  
Reason for  
Resignation: \_\_\_\_\_  
Employee  
Signature: \_\_\_\_\_

## OFFICE USE

Question #1: Name of Supervisor this resignation form was given to, with any remarks:

Supervisor's  
Name: \_\_\_\_\_  
\_\_\_\_\_

Question #2: Date this resignation form was given to Superintendent's Office, with any remarks:

Date: \_\_\_\_\_  
\_\_\_\_\_

Question #3: Date this resignation form was given to Payroll Department, with any instructions:

Date: \_\_\_\_\_  
\_\_\_\_\_

Question #4: Date of Consent Agenda Approval:

Date: \_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL NOTES