

## CLIFFSIDE PARK BOARD OF EDUCATION RESIGNATION & TRANSFER FORM

RESIGNATION	
<i>Employee Name:</i>	<i>Job Title:</i>
<i>Reason for Resignation:</i>	<i>Location:</i>
<i>Employee Signature:</i>	<i>Resignation Date:</i>
<i>Principal/Supervisor Signature:</i>	<i>Date:</i>

TRANSFER	
<i>Employee Name:</i>	<i>Effective Date of Transfer:</i>
<i>Transfer from: (Position and School)</i>	<i>Transfer to: (Position and School)</i>
<i>Principal/Supervisor Signature:</i>	<i>Date:</i>

ADDITIONAL NOTES/REMARKS

OFFICE USE ONLY	
<i>Superintendent's Office</i>	<i>Date received:</i>
<i>Payroll Department</i>	<i>Date received:</i>
<i>Date of Consent Agenda</i>	