

RESIGNATION FORM

Date _____

Mr. Wayne Savoy, Superintendent
Calcasieu Parish School Board
P O Box 800
Lake Charles, LA 70602-0800

Dear Mr. Savoy:

Please accept my resignation as a/an _____
(Position)

at _____ to become effective at the close
(Location: *Department or School*)

of the day on _____.

My reason for resigning: _____

ALTERNATE EMAIL ADDRESS: _____

Yours truly,

Signature

Social Security Number

Address

City/State/Zip