

# RESIGNATION FORM

Date \_\_\_\_\_

Mr. Karl E. Bruchhaus, Superintendent  
Calcasieu Parish School Board  
P O Box 800  
Lake Charles, LA 70602-0800

Dear Mr. Bruchhaus,

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