



ADMINISTRATIVE OFFICES
5701 Normandale Road
Edina, MN 55424
(952) 848-3900
www.edinaschools.org

RESIGNATION FORM

> Please complete the following and return to the Human Resources Department <

I, _____, hereby resign from Edina Public Schools.
Name (please print)

This resignation is effective at the end of the day on _____, _____, _____
month day year

My job title: _____

The location of my assignment is: _____

The reason for my resignation is (check one):

- Retirement
- Medical (Partial or Total Disability)
- Career Change (New Profession)
- Other (Please Explain): _____
- Employment in another MN Public School District
- Employment in a MN Private School
- Employment in a School District out of State

Employee Number: _____

Daytime Phone #: _____

Evening Phone #: _____

New forwarding address (if applicable): _____

Your Signature

Date

Principal's/Supervisor's Signature

Date

> Important: Please Keep a Copy for Your Records <