

MILLARD PUBLIC SCHOOLS
SEPARATION NOTICE

Employee _____

Employee ID# _____

Position _____

Full-time _____ Part-time _____

School (s) _____

Termination Effective Date _____

Please check one: Certified _____ Non-Certificated _____

Reason for termination:

_____ Resigned (have employee complete Form 1)

_____ Retiring (have employee complete Form 1)

_____ Discharged

_____ Layoff (Reduction in Force)

_____ Other _____

Eligible for re-hire: Yes _____ No _____

Comments _____

Principal/Supervisor's Signature

Date

Approved by:

Date

**MILLARD PUBLIC SCHOOLS
SEPARATION NOTICE**

Employee ID# _____

I, _____, am submitting my resignation to Millard Public Schools and my

Immediate Supervisor _____.

Effective Date: _____