

BREVARD COUNTY SCHOOL BOARD

2700 Judge Fran Jamieson Way
Viera, FL 32940

RESIGNATION

Date Submitted: _____

I hereby resign from the following position Administrative Instructional Support

School or Department/Number Assignment/Job Title

currently held by me as an employee of the School Board of Brevard County.

Last work day of service: _____
Month Day Year

*Resignation date: _____
Month Day Year

Reason: _____

*If you wish to stay on as a substitute, please contact the Substitute Office at (321) 633-1000, ext. 205 **prior** to your resignation date.*

***I understand that my final salary cannot be released until my file is complete and this resignation has been accepted. Additionally, I understand that my benefits will end at midnight on my date of resignation and the remainder of my contract will be dispersed on the next available payday.**

NAME _____ Signature _____
Print or Type ID. No.

Mailing Address _____

NOTE: If mailing address should change before the end of the calendar year, you are to submit an [address change form](#) so that your W-2 form can be mailed.

FOR IMMEDIATE ADMINISTRATOR, I HAVE:

- Called the Employment Specialist in HR for my school/department.
- Contacted Help Desk in ET to disable all data access for this person.
- Completed an annual, summative, or short-term evaluation
- Provided the link to the Exit Survey <https://forms.gle/PaMtZSH8YU4oMUHc7>

All boxes must be completed prior to submitting to Human Resources.

RECOMMEND:

APPROVED DISAPPROVED _____
Principal or Department Head Date

RECOMMEND:

APPROVED DISAPPROVED _____
Human Resources Services Administrator Date