

MAURY COUNTY PUBLIC SCHOOLS

RESIGNATION LETTER

LICENSED/CLASSIFIED EMPLOYEES

This is to certify that I, _____
(Full Name – Please Print)

Social Security Number: _____ Employee ID #: _____

Mailing Address: _____

Herby submit my **RESIGNATION** with Maury County Public Schools
at _____
(Work Location)

as a/an: Full-time: _____ Part-time _____

(Position)

Resignation to become effective: _____
(Last day worked)

Other comments: _____

Employee Signature: _____ Date: _____

Please contact the Human Resources Department at Maury County Public Schools at 931-388-8403, ext. 8118 for information regarding your benefits.