



WEST BOLIVAR CONSOLIDATED SCHOOL DISTRICT  
RESIGNATION/RETIREMENT FORM

**Section I Employee Information** \*Please attach any supporting documents for action request\*

I, \_\_\_\_\_ SS# \_\_\_\_\_  
(AS NAME APPEARS ON SOCIAL SECURITY CARD)

hereby wish to resign my position as: \_\_\_\_\_,  
(POSITION TITLE AS LISTED ON CONTRACT)

and my last day of work will be: \_\_\_\_\_.

Are you retiring Yes  No  If Yes, have you contacted PERS for processing? Yes  No

The reason(s) for my resignation are as follows:

**NOTICE:**  
If you are currently enrolled in the Mississippi State Employees Medical Insurance Plan, and plan to continue working in another District or State Agency, indicate here: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, and you know it, indicate District or State Agency name here: \_\_\_\_\_

If you have any questions, please contact the Business Office:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II Supervisor**

Department: \_\_\_\_\_ Number \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_\_ I accept the employee's request to resign from this position.  
(Initial)

\_\_\_\_\_ I deny the employee's request to resign from this position.  
(Initial)

Last Working Day: \_\_\_\_\_ Percent of last day completed: \_\_\_\_\_

Items Collected:

Badge  EEF Card  Key(s)  Technology/Laptop  Other: \_\_\_\_\_

Principal/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section III District Office**

**BOARD:** **PAYROLL:** **INSURANCE:**