



District 719
Human Resources Department
PO Box 539
Prior Lake, MN 55372
Telephone: 952-226-0000
FAX: 952-226-0029
Web site: <http://www.priorlake-savage.k12.mn.us>

RESIGNATION FORM

Please complete the following and return to the Human Resources Department

I, _____, hereby resign my position as _____ from
Name (please print) Print Position Name

Prior Lake-Savage Area Schools.

This resignation is effective at the end of the day on ____/____/____.
month day year

The location of my assignment is : _____

The reason for my resignation is (check one):

- | | |
|---|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Employment in another MN Public School District |
| <input type="checkbox"/> Employment in a School District out of State | <input type="checkbox"/> Employment in a MN Private School |
| <input type="checkbox"/> Career Change (New Profession) | <input type="checkbox"/> Other (Please Explain): _____ |

New forwarding address (if applicable): _____

Your Signature

Today's Date