



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF HUMAN RESOURCES
1500 BISCAYNE BLVD., SUITE 241
Miami, FL 33132**

_____ Date

LETTER OF RESIGNATION

The School Board of Miami-Dade County, Florida
1450 N.E. 2nd Avenue
Miami, FL 33132

Dear Board Members:

Please accept my resignation from the Miami-Dade County Public Schools for the following reason(s):

I am requesting this resignation become effective _____ which will be my last day of employment.

Respectfully,

Print Last Name, First Name

Signature

Employee Number

Current Position

Work Location

Home Address

.....
Check One:

_____ I recommend that this resignation be accepted.

_____ I recommend that this resignation not be accepted.

Signature of Principal/Department Head

cc: Administrator, Personnel Records, WL 9324, Annex, Room 141 - L

NOTE: Work sites must enter the correct termination code in the PERS system and forward the original letter of resignation to Personnel Records. Please maintain a copy of the letter in the employee's work site file folder. The employee's work site folder must be kept at the location for one year. After one year, forward file to WL 9324, Annex, Room 141 - L for imaging.