



MONROE COUNTY
COMMUNITY SCHOOL CORPORATION
ENGAGE. EMPOWER. EDUCATE.

RESIGNATION FORM

Human Resources
Administration Center
315 E North Drive
Bloomington, IN 47401

It is my intent to resign my position as _____
(Position Title)

at _____
(School/Building)

My last day of work will be/was _____. The reason for my
(Day/Date)

resignation is _____.
(State Reason Above: Moving, Other Employment, etc.)

Printed (Full Legal Name)

Signature

Date

Personal Email

PLEASE provide the forwarding address for your final check and W-2 form.

Mailing Address, City, State, Zip Code