

Atlantic Community School District  
**RESIGNATION NOTIFICATION**

Date: \_\_\_\_\_

ATTN: Superintendent

Please be advised that I am resigning my position as \_\_\_\_\_,  
at \_\_\_\_\_, effective at the end of the work day on \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Signature of Employee)

CONTACT INFORMATION (Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

CENTRAL OFFICE USE ONLY:

Date Submitted to Board: \_\_\_\_\_

Approved

Denied

Comments: \_\_\_\_\_

Letter Sent to Employee: \_\_\_\_\_

(Date)