

Radford City Public Schools

Resignation Form

Employee's Name _____

Current Home Address _____

Phone _____ E-mail _____

Position held at the time of resignation _____

Worksite (check) McHarg Belle Heth Dalton Radford High School Admin Office

I hereby submit my resignation from the Radford City Public Schools.

(A minimum of 2 weeks notice must be given.)

I am requesting my last day on the job to be: _____

Reason for resignation:

_____ Moving _____ Took Job in another School Division
Name of School Division _____

_____ Retirement _____ Health Issues

_____ Another reason (Please describe)

If you are moving from your current address, please provide your new address

Please sign below:

Signature of Employee

Date of resignation

Return this form to:

Robert Graham, Assistant Superintendent

Radford City Schools

1612 Wadsworth Street

Radford, Virginia 24141

540-731-3647 phone

bhg 2012