

SANTA ROSA COUNTY SCHOOL BOARD
SEPARATION DOCUMENT FOR EMPLOYEES WHO HOLD A SUPPLEMENTAL
CONTRACT

72-03-54

4/2017

NAME _____ DATE _____

PLACE OF EMPLOYMENT _____ EID _____

Voluntary Resignation

I hereby voluntarily resign from the position of _____ which I now hold as a supplemented employee of the Santa Rosa County School Board. My resignation becomes effective on _____.

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 Involuntary Termination

This form must be completed by the principal or immediate supervisor for employees who are being involuntarily terminated from a supplemented position with the Santa Rosa County School Board.

Position _____

Termination becomes effective on _____

The School Board Employee Web Portal provides access to view/print payroll check stubs and W2 forms. You MUST log into the Portal **prior to separation** and provide a personal e-mail address to maintain your access to the Portal. Contact your work site Technology Contact for additional information or assistance accessing the Portal.

Signature of Employee

Signature of Administrator