

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

620 Industrial -- Box 760

Goddard, Kansas 67052

Phone (316) 794-8641 Fax (316) 794-2439

Notice of Classified Staff Resignation

EMPLOYEE INFORMATION

Today's date: _____

Name: _____

Supervisor: _____

Title: _____

Last day of work: _____

School: _____

Reason for resignation:

- _____ Resign – other position in school district
- _____ Resign – other position in Coop
- _____ Resign – Mutual consent
- _____ Return to school
- _____ Dissatisfied with work
- _____ Dissatisfied with pay
- _____ Family reasons
- _____ Health reasons
- _____ Personal reasons
- _____ Retirement

COMMENTS/SUGGESTIONS

RESIGNATION STATEMENT

I hereby serve notice of my intention to resign my position. I have read K.A.R. 1-11-1(a) and (b) below.

Employee signature

Date

Supervisor signature

Date

Article 11

Non-disciplinary termination

K.A.R. 1-11-1. Resignation. (a) An employee wishing to resign in good standing shall file with the appointing authority, at least two weeks before the employee's last day at work, a written resignation stating the date it will become effective and the reasons for leaving. If the employee fails to give the required notice, as provided above, the appointing authority may have a statement concerning such failure to notify inserted in the employee's official personnel record. An agency may consider as grounds for refusal to employ a person the fact that the person did not give the required notice when the person resigned from earlier employment with the state. (b) With the approval of the appointing authority, an employee may withdraw a resignation.