



ST. TAMMANY PARISH SCHOOL BOARD
HUMAN RESOURCES DEPARTMENT
321 N. THEARD ST.
COVINGTON, LOUISIANA 70433

Posted	_____
Computer	_____
Agenda	_____

DISCONTINUANCE OF ACTIVE EMPLOYMENT STATUS

The undersigned, _____, _____
(Print Full Name) (Employee Identification Number)

will cease active employment as _____ of/for
(Position)

_____ at the _____ at the
(Grade(s)/Subject(s)/Department) (Location)

close of business on _____ due to the reason(s) checked below:
(Date)

retirement: service disability

release

resignation _____
(Please give reason for resignation.)

Comments by Principal/Department Head: _____

Would you rehire? Yes No

If NO, State Reason _____

Signature of Principal/Department Head _____ Date _____

(I hereby certify that the above information is true and correct. I agree to contact the Human Resources Department to complete all other necessary paperwork in regard to group health/life insurance, retirement, final pay etc., after submitting this form.)

Signature of Employee _____ Date _____

Copy-Human Resources
Copy-School
Copy-LDOL
Copy-Employee