

Western Suffolk BOCES

RESIGNATION/TERMINATION FORM

See Instructions
on Reverse
(Press firmly)

Employee Name and Address

Section 1.

I am resigning my employment with Western Suffolk BOCES for the following reason:

My last day of work will be _____

Employee's Signature _____ Date _____

Section 2.

Supervisor's Comments: _____

Signature _____ Date _____

Section 3.

Resolution passed by Board of Cooperative Educational Services accepting resignation at Board meeting held:

_____ Date

_____ Signature of District Clerk