

City of Baker School System (CBSS)
Office of Human Resources
14750 Plank Road
Baker, Louisiana 70714

Dear Superintendent, CBSS School Board, and CBSS Office of Human Resources:

The CBSS Personnel Policy F-9.16 states: "The City of Baker School Board requires employees who wish to terminate their employment with the School Board to submit letters of resignation to the Superintendent or his/her designee. The Board shall empower the Superintendent to finalize resignations by accepting letters of resignation in their name and under all judicial and statutory powers accorded to them. Furthermore, the Superintendent shall report all such resignations to the Board at the next regularly scheduled meeting. Resignations received after August 1, when accepted, shall only be considered for approval by the Board, and then only when a suitable replacement is available for employment. Employees resigning from employment with the Board after the end of the school session shall do so as soon as possible. Resignations should include the reason for the request and the exact date for release." *I hereby am voluntarily (without threat or coercion) tendering my resignation as an employee of the CBSS with the following information with my signature & date, reason for the request, and effective date of release. Moreover, I understand that I have had the opportunity to read and understand all CBSS personnel policies and to be advised by any appropriate personal representative/consultant prior to submission of this letter of resignation. Please accept my resignation letter as follows:*

PRINTED EMPLOYEE NAME (BLUE INK): _____

DATE SUBMITTED (mm/dd/yyyy): _____

SCHOOL/LOCATION: _____

TITLE OF POSITION: _____

MY EFFECTIVE DATE OF RESIGNATION (LAST DATE OF EMPLOYMENT) WILL BE (Month, Day, and Year):
_____ (Month) _____ (Day), _____ (Year)

MY REASON FOR RESIGNATION: _____

PERSONAL EMAIL ADDRESS: _____

CELL PHONE NUMBER: (_____) _____ HOME PHONE NUMBER: (_____) _____

HOME OR MAILING ADDRESS: _____

OPTIONAL PROFESSIONAL/COURTEOUS PARTING COMMENTS: _____

REQUIRED INSURANCE COVERAGE CONTINUATION OR DISCONTINUATION

***The Coordinator of Benefits will communicate with you regarding your intentions**

Yes, I am requesting to keep the following insurance(s) until the following date(s): *check all that you want to continue

- Blue Cross and Blue Shield Health Insurance
- Delta Dental Insurance
- Ameritas/VSP Visual Insurance
- The Standard/Petra Group EMPLOYER PAID Life Insurance NOTE: There is no cost to the EMPLOYEE.

No, I do not want the following insurance(s), and I am signing off that I understand that I am aware that the insurance(s) will end at the end of the month that I am resigning: *check all that you want to discontinue

- Blue Cross and Blue Shield Health Insurance until the following date (m/d/y)
- Delta Dental Insurance
- Ameritas/VSP Visual Insurance
- The Standard/Petra Group Life Insurance

SUGGESTED EMPLOYEE RELEASE OF INFORMATION AUTHORIZATION STATEMENT

NOTE: In the event of death/incapacitation/sickness of former employee, this section will allow the City of Baker School System to be able to discuss personal matters with whomever is listed below. I hereby authorize the CoBSS to release any and all information to the following person or persons:

_____ Signature of Former Employee _____ Date Signed

Name: _____	Name: _____	Name: _____
Contact Telephone #: _____	Contact Telephone #: _____	Contact Telephone #: _____
Relationship to Employee: _____	Relationship to Employee: _____	Relationship to Employee: _____

I understand that this resignation is not official until it has been read and accepted by the Superintendent, and/or after it has been either officially approved or received as information by the CBSS School Board at one of its official meetings.

Educationally yours,

SIGNATURE: _____ **DATE (mm/dd/yyyy):** _____

Original (Blue Ink) to Human Resources Copy to Employee Copy to Principal or Immediate Supervisor