

BROCKTON PUBLIC SCHOOLS
NOTICE OF RETIREMENT OR RESIGNATION

Date: _____

To: Human Resource Office

This letter is to inform the Brockton Public Schools that I am retiring/resigning from the School District effective on the date indicated below.

Complete Name: _____
(as shown on payroll records) Last First Middle

Home Address: _____
 Street & No. City/Town Zip Code

Check One:

☐

Retiring

☐

Resigning

Effective as of date: _____

My last day on the job will be: _____

Social Security Number: _____

School/Location: _____

Position: _____

Other Position(s) held in the District: _____

Employee's Signature: _____ Date: _____

Copies to: _____

(Name of principal, department head, or any other supervisor)

Employee should retain a copy for his/her record.

For Office Use Only:

Received by: _____ Date: _____

Comments: _____
