

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES

CONCLUSION OF EMPLOYMENT

Instructions: This form is to be completed by a supervisor when an employee does not submit a letter of resignation and one cannot be obtained.

Employee Name _____
Last First Middle

Mailing Address _____

Employee ID No (A#) _____ Cost Center _____

Position _____ Last Day Worked _____

Reason for conclusion of employment _____

Supervisor Name (Print) _____

Supervisor Signature _____ Date _____

FOR HR USE ONLY

Resignation Date _____ Board Date _____