

VINELAND ELEMENTARY SCHOOL DISTRICT

FORMAL RESIGNATION

Name _____ **Date** _____

Please accept my resignation as

(Position)

in the Vineland Elementary School District to become effective at the end of the regular workday
on

(Date)

Reason

Acknowledgement

I understand that this letter of resignation once accepted by the Superintendent is irrevocable.

Signature of Employee **Date**

Accepted

Signature of Superintendent **Date**