



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF HUMAN RESOURCES
1500 BISCAYNE BLVD., ROOM 241
Miami, FL 33132**

_____ Date

LETTER OF RESIGNATION

The School Board of Miami-Dade County, Florida
1450 N.E. 2nd Avenue
Miami, FL 33132

Dear Board Members:

Please accept my resignation form the Miami-Dade County Public Schools for the following reason(s):

I am requesting that this resignation become effective _____ which will be my last day of employment.

Respectfully,

Signature (Emp. No.)

Current Position (Work Location)

Home Address

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Check One:

_____ I recommend that this resignation be accepted.

_____ I recommend that this resignation not be accepted.

Signature of Principal/Department Head

cc: Mr. William Bevan, Operations and Records