



**BREVARD COUNTY SCHOOL BOARD**

2700 Judge Fran Jamieson Way

Viera, FL 32940

**RESIGNATION**

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

ID No. \_\_\_\_\_

Print or Type

Mailing Address \_\_\_\_\_

[Click here if this is a new address](#)

Personal Email Address \_\_\_\_\_

I hereby resign from the following position  Administrative  Instructional  Support

\_\_\_\_\_  
School or Department/Number

\_\_\_\_\_  
Assignment/Job Title

Last work day of service: Month \_\_\_\_\_

Day \_\_\_\_\_ Year \_\_\_\_\_

Resignation date: Month \_\_\_\_\_

Day \_\_\_\_\_ Year \_\_\_\_\_

REASON (CHOOSE ONE)

Personal

Relocation

New Job Opportunity

Compensation

Career Development & Advancement

Job Fatigue

Other (Explain) \_\_\_\_\_

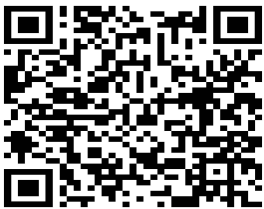
*If you wish to stay on as a substitute, please contact the Substitute Office at (321) 633-1000, ext. 11205 **prior** to your resignation date.*

**\*I understand that my final paycheck cannot be released until my file is complete and this resignation form has been accepted. Additionally, I understand that if I continue to receive paychecks with benefit deductions after my last workday of service, my benefits will end at midnight resignation date and the remainder of my contract will be dispersed on the next available pay date.**

SIGNATURE \_\_\_\_\_

NOTE: If mailing address should change before the end of the calendar year, you are to submit an [address change form](#) so that your W-2 form can be mailed.

FOR IMMEDIATE ADMINISTRATOR, I HAVE:



- Called the Employment Specialist in HR for my school/department.
- Completed an annual, summative, or short-term evaluation.
- Provided the link to the Exit Survey <https://app.smartsheet.com/b/formdf40f567422d4766ae4f5e63b094de3d>

**EXIT SURVEY LINK**

*All boxes must be completed prior to submitting to Human Resources.*

ACKNOWLEDGED

\_\_\_\_\_  
Principal or Department Head

\_\_\_\_\_  
Date

ACKNOWLEDGED

\_\_\_\_\_  
Human Resources Administrator

\_\_\_\_\_  
Date

# TERMINATION OF BENEFITS

**DO NOT USE UNLESS YOUR LAST DAY WORKED IS THE LAST  
DAY ON YOUR DAYS OF SERVICE CALENDAR**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

School or Department/Number #: \_\_\_\_\_

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## INSTRUCTIONAL EMPLOYEES

**Complete this section only if your last work day is the last day of the school based contract calendar for 10 or 11 month Instructional Employees.**

- By selecting this box, I wish to end my employee benefits as of the last day of the School based contract calendar. This means that I will receive a payout of my contract salary.
- By selecting this box, I wish to maintain my employee benefits through summer month/months. This means I will receive checks as scheduled through the summer with benefits deductions.

I request my benefits to end on June 30th **(must match resignation date on page 1)**.

I request my benefits to end on July 31st **(must match resignation date on page 1)**.

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## SUPPORT EMPLOYEES

**Complete this section only if your last work day is the last day of the Days of Service calendar for 9, 10 or 11 Month Support Employees**

By selecting this box, I wish to maintain my employee benefits through June 30th  
**(must match resignation date on page 1)**

By selecting this box, I wish to end my benefits on the last day of my Days of Service calendar  
**(must match resignation date on page 1)**

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FOR ADMINISTRATOR ONLY:

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
School/Department Designee

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_  
Employment Specialist

(Return to Human Resources with your resignation form)