

ST. TAMMANY PARISH SCHOOL BOARD  
HUMAN RESOURCES DEPARTMENT  
POST OFFICE BOX 940  
COVINGTON, LOUISIANA 70434-0940

Posted	_____
Computer	_____
Agenda	_____

**DISCONTINUANCE OF ACTIVE EMPLOYMENT STATUS**

The undersigned, \_\_\_\_\_, \_\_\_\_\_  
(Print Full Name) (Employee Identification Number)  
will cease active employment as \_\_\_\_\_ of/for  
(Position)  
\_\_\_\_\_ at the \_\_\_\_\_ at the  
(Grade(s)/Subject(s)/Department) (Location)

close of business on \_\_\_\_\_ due to the reason(s) checked below:  
(Date)

- \_\_\_ retirement: \_\_\_ service \_\_\_ disability
- \_\_\_ release
- \_\_\_ resignation \_\_\_\_\_  
(Please give reason for resignation.)

Comments by Principal/Department Head: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you rehire? Yes \_\_\_ No \_\_\_

If NO, State Reason \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal/Department Head \_\_\_\_\_ Date \_\_\_\_\_

**(I hereby certify that the above information is true and correct. I agree to contact the Human Resources Department to complete all other necessary paperwork in regard to group health/life insurance, retirement, final pay etc., after submitting this form.)**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

White-Human Resources  
Canary-School  
Gold-LDOL  
Pink-Employee