



**WRANGELL
PUBLIC SCHOOLS**
DISTRICT OFFICE

P.O. BOX 2319
WRANGELL, ALASKA 99929
Telephone (907) 874-2347
Fax # (907) 874-3137

GATEWAY TO THE STIKINE

RESIGNATION

Instructions: Complete this form and submit it to your immediate supervisor. A copy will be returned to you upon completion of District Office action.

I, _____, hereby submit my voluntary resignation
(Full Name)

as _____ in Wrangell Public Schools
(Position)

effective _____ at _____ AM/PM
(Date) (Time)

I wish to be released from my position because:

Forwarding Address: _____

Permanent Mailing Address: _____

Date: _____ Signature: _____

Immediate Supervisor's Recommendation: _____

Superintendent's Recommendation: () Accept () Reject