
Date

LETTER OF RESIGNATION

Miami-Dade County School Board
1444 Biscayne Boulevard
Miami, Florida 33132

To whom it may concern:

Please accept my resignation from 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

Employee #

Current Position

Work Location

Home Address

Check One:

_____ I recommend that this resignation be accepted.
_____ I recommend that this resignation not be accepted.

Signature of Principal/Department Head