

COPY ON PINK PAPER

Form P-3
Rev. 03/18

MISSISSIPPI DEPARTMENT OF EDUCATION
TERMINATION OF EMPLOYMENT

PIN# _____ OCCU TITLE: _____ OCCU CODE: _____

AGENCY CODE: _____ FUNDING SOURCE: _____

SDE _____ OFFICE/BUREAU: _____

.....
NAME: _____

EFFECTIVE TERMINATION DATE: _____

REASON FOR TERMINATION: (check applicable response)

RESIGNED _____

TRANSFER to another state agency _____

If so, name of agency: _____

OTHER _____

RETIRED _____

RECOMMENDED BY

BUREAU DIRECTOR/MANAGER: _____ DATE: _____

_____ DATE: _____

OFFICE/BUREAU NAME: _____

DEPUTY SUPERINTENDENT: _____ DATE: _____

APPROVED BY

STATE SUPERINTENDENT/DEPUTY SUPERINTENDENT: _____

ACTION BY HUMAN RESOURCES:

PERSONNEL DIRECTOR: _____ DATE SENT TO SPB: _____

Copy of P-2 sent to:

Payroll _____

Budget _____

Assoc. Supt _____

MIS _____

Bureau Director _____