

Notification of Resignation (SWEEPER)

School or Department _____

Name of Employee _____

Last Day Worked _____

Position _____

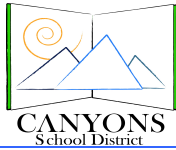
Transferring to another school-within Canyons District: LOC

Employee Signature

Date

Head Custodian Signature

Date



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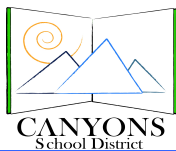
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