



LAFAYETTE PARISH SCHOOL SYSTEM
VOLUNTARY REMOVAL FROM SUBSTITUTE SYSTEM

This form is to notify the Lafayette Parish School System of my decision to voluntarily remove myself from the substitute system.

Effective Date: _____

Employee ID: _____

Name: _____
Last First Middle

Mailing Address: _____

Phone Number: _____

Reason for Removal:

- Accepted full-time employment with Lafayette Parish School System
- Accepted employment outside of Lafayette Parish School System
- Other

If other, describe: _____

Signature

Date

Please submit form to:
Lafayette Parish School System
EARSS Operator
PO Drawer 2158
Lafayette, LA 70502