LAFAYETTE PARISH SCHOOL SYSTEM
VOLUNTARY REMOVAL FROM SUBSTITUTE SYSTEM

This form is to notify the Lafayette Parish School System of your decision to voluntarily remove yourself from the Substitute System.

Effective Date: _____ Social Security Number: _____

Name: _____
First Middle Last

Mailing Address: _____
Street Apt. #

_____
City State Zip Code

Phone Number(s): _(_____)_____ _(_____)_____
Home Work/Cell

Reason for Removal:

☐ Accepted regular employment with Lafayette Parish School System

Identify Position: _____

☐ Accepted employment outside of Lafayette Parish School System
If accepting employment in another district, please indicate which district: _____

☐ Other
Describe: _____

NOTE: If moving, please submit the Name/Address Change Notification form on page 41.

_____ _____ _____
Signature Printed Name Date

Complete form must be submitted to:
Lafayette Parish School System
Attn: Aranthia Rodgers, EARSS Operator
P. O. Drawer 2158
Lafayette, LA 70502