

**Mississippi Department of Education
Office of Special Education
Educational Interpreter
Resignation Form
2018-2019**

District Name: Midnight County School District				District Code: 9988
				MDE Use Only
Interpreter Name	Date Hired	Date Resigned	Days Employed	Reimbursement Amount
Janie Doe	8/10/2018	9/21/2018		
<i>Example</i>				

I hereby certify that the above information is accurate. I understand that reimbursement for a full-time interpreter will not exceed the allocated amount from the Office of Special Education per a regular school year. I also certify that funds requested will only be utilized to pay the salary cost for an interpreter(s) to provide a communication link for deaf or hard-of-hearing students based on the mandates under the 2004 Amendments to the Individuals with Disabilities Education Act.

Joe Millionaire
Superintendent's Signature

9/29/2018
Date