

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

District Name:				District Code:
				MDE Use Only
Interpreter Name	Date Hired	Date Resigned	Days Employed	Reimbursement Amount

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.

Superintendent's Signature

Date