

Human Resources Department

- CLASSIFIED
 CERTIFICATED

SEPARATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO.: (____) _____

EMAIL ADDRESS: _____

POSITION TITLE: _____

SITE / LOCATION: _____

LAST DAY OF PAID SERVICE/ SEPARATION DATE: _____

PLEASE GIVE REASON:

- Resigned – REASON: _____
 (RE) Retirement
 Other: _____

PLEASE ACCEPT MY RESIGNATION/RETIREMENT:

(Employee's Signature)

DATE

REMINDER TO EMPLOYEE: Please return any District property (Keys,Badge,Laptops,lpads,etc..) to either your site supervisor or to the Human Resource Office.

Site Supervisor- I acknowledge that all District property has been returned to me: _____
Initials

↓ Please do not write below this line ↓

FOR OFFICE USE ONLY:

Assistant Superintendent of Human Resources: _____ Date: _____

Board Agenda Date: _____

MISC.: _____