

CLASSIFIED
 CERTIFICATED

SEPARATION FORM

NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE NO.: _____

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 to your supervisor or to Personnel any keys, identification cards, or other District property.

↓ Please do not write below this line ↓

FOR OFFICE USE ONLY:

Personnel Commission: _____
Date

Insurance: _____

Payroll Section: _____
Date

Site: _____

Personnel Services: _____
Date

Board Agenda Date: _____

H.R.S CODE: _____

MISC. : _____

FOR OFFICE USE

TR-Bul # _____
VC # _____
Emp. Req. # _____
Roster _____
Agenda _____

H.R.S	Date / /	JOB NO.	Initial
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