

Office of Human Resources

CLASSIFIED
 CERTIFICATED

SEPARATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ 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,etc..), To either your site supervisor or to the Human Resource Office.

↓ Please do not write below this line ↓

FOR OFFICE USE ONLY:

Assistant Superintendent of Human Resources: _____ Date: _____

Board Agenda Date: _____

MISC.: _____

Exit Survey sent: _____