



PERSONNEL RESIGNATION FORM

5280F

Employee's Name: _____ Today's Date _____

Employee ID Number: _____ Position: _____

Location: _____ Effective Date of Resignation: _____
(Last Day Worked)

Certificated Personnel: All requests for release before the end of a contracted period are approved only upon finding a suitable replacement.

Forwarding Address: _____

Reason for Resignation: Retirement Resignation

Number of years employed with Highline School District: _____

I am interested in substituting: Yes No

If Resignation, Employee's Reason:

- Other Employment _____
- Personal _____
- Move/Relocate _____
- Illness/Health Reasons _____
- Education (Return to School) _____
- Child Rearing _____
- Military _____
- Traveling _____
- Other (Be Specific) _____

TO REQUEST AN EXIT INTERVIEW WITH HUMAN RESOURCES email human.resources@highlineschools.org, be sure to include "Exit Interview" in the subject line or call 206-631-3121.

NOTE: Access to district email and network drives will be disabled as of the last day worked.

Employee's Signature: _____ Date: _____

Supervisor's Remarks: _____

Signature of Supervisor/Principal: _____ Date: _____

Department/School: _____

For Department Use Only

Signature of Human Resources Director/Supervisor: _____ Date: _____

Approved by Board: Yes _____ No / Reason: _____
(Date)