



**COAST UNIFIED SCHOOL DISTRICT**  
 1350 Main Street • Cambria, California 93428  
 Tel 805-927-3880 • Fax 805-927-7105

**NOTICE OF RESIGNATION/REQUEST FOR RELEASE OF CONTRACT**

Certificated     
  Classified     
  Management

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Site: \_\_\_\_\_ Dept: \_\_\_\_\_

I, \_\_\_\_\_ give this written notice that I am voluntarily resigning/requesting a release from my employment.

My last day of work (and resignation date) if approved by my supervisor will be \_\_\_\_\_.

Please send my W-2 to the following address \_\_\_\_\_

\_\_\_\_\_

The reason for my resignation is: (use back of form if additional space is needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We would appreciate learning about your reaction to some of your experiences gained during your employment at the Coast Unified School District. Your cooperation in answering the following questions in a forthright manner will allow us to evaluate our policies, procedures and program as we constantly try to improve the way we do business. Thank you for your assistance.

| How would you rate the following at CUSD? | Excellent                | Above Average            | Average                  | Below Average            | Poor                     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Immediate supervisor                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation within department             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequacy of training received             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rate of pay                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Opportunity for advancement               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avenues of communication                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Benefit Plans provided                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of job duties                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of pay plan/benefits          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation of regulations and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What did you like best about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Which CUSD policies, procedures need improvement? \_\_\_\_\_

How would you improve them? \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_