



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## EMPLOYEE RESIGNATION FORM

CERTIFICATED

CLASSIFIED

**TO:** Director, Human Resources

**FROM:** \_\_\_\_\_

**EMPLOYEE ID#:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please accept this as my letter of resignation as \_\_\_\_\_  
*Classification*

at \_\_\_\_\_ effective: \_\_\_\_\_  
*School/Department Effective Date*

Reason for Resignation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I may be reached at: \_\_\_\_\_  
*Address*  
\_\_\_\_\_  
*City State Zip*  
\_\_\_\_\_  
*Area code and phone number*

*I certify that this is executed by me voluntarily and of my own free will.*

\_\_\_\_\_  
*Employee's Signature Date*

\_\_\_\_\_  
*Supervisor's Signature Date*

\_\_\_\_\_  
*Director, Human Resources Department Date*