



TEMPLE CITY UNIFIED SCHOOL DISTRICT
Office of Personnel Services
VOLUNTARY SEPARATION FORM

PLEASE READ BEFORE COMPLETING THIS FORM:

1. The completed form should be forwarded to the Personnel Office.
2. Employees should notify their immediate supervisor of their resignation prior to or concurrent with the notification to the Personnel Office.
3. Employees submitting resignations are requested to give the reason(s) for resigning.
4. Your resignation / retirement shall be accepted on the date of receipt by the Personnel Office of this form or your letter.

Name (Print Legal Name): _____ EID # _____

Job Title: _____ Work Site: _____ Certificated or Classified

I hereby tender my resignation/retirement as an employee of the Temple City Unified School District.

My last day of service will be: Month _____ Day _____ Year _____

Check one: Retirement OR Resignation

REASON: _____

With my signature below, I acknowledge that my resignation or retirement is accepted on the date of receipt of this form by the Personnel Office.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

If you have health benefits, we need the following information:

Address: _____
Street Address City Zip Code

Spouse's Name: _____ Health Insurance Provider: _____

Dependent's Name(s): _____

Immediate Supervisor Signature: _____ **Date:** _____ -

Assistant Superintendent, Personnel Signature: _____ **Date:** _____

For Personnel Use Only:

Cobra Letter

HRS Update

Benefits – Perm Sep.

Aesop Update

Notify Payroll

MAR (Classified)

Board Report Date: _____ Processed by: _____