RESIGNATION

Printed Name ____________________________
Home Address: ____________________________
City, Zip ________________________________
Telephone # ______________________________
Date ________________________________

Director, Personnel Support Services
Lompoc Unified School District
Post Office Box 8000
Lompoc, CA 93438-8000

I hereby tender my resignation as a ____________________________ in the
Lompoc Unified School District, effective at the close of the day ____________________
for the following reason: ____________________________

____________________________________

____________________________________

____________________________________

____________________________________

Signature of Resigning Staff Member

______________________________

School or Department

______________________________

Assignment, Grade or Subject

This form is provided for the convenience of staff members. It is acceptable, however,
for staff members to write their own letter.

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