

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.