



**LOMPOC UNIFIED SCHOOL DISTRICT**  
**CLASSIFIED HUMAN RESOURCES**  
*Personnel Commission*

1301 North A Street, Post Office Box 8000  
Lompoc, CA 93438-8000  
(805) 742-3220 Fax (805)742-3278

**RESIGNATION FORM**

Printed Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Director, Personnel Support Services**  
**Lompoc Unified School District**  
**PO BOX 8000**  
**Lompoc, CA 93438-8000**

I hereby resign as a/n \_\_\_\_\_  
with Lompoc Unified School District.

Effective at the end of the day on \_\_\_\_\_.

For the Following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_

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