



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

## RETIREMENT / RESIGNATION NOTIFICATION FORM

**CERTIFICATED**

**CLASSIFIED**

**TO:** Human Resources Management

**FROM:** \_\_\_\_\_  
*Employee Name*

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

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

Please accept this notice as my: **RETIREMENT** **RESIGNATION**  
*(Please mark one)*

from the Alum Rock Union Elementary School District as a \_\_\_\_\_  
*Classification*  
at \_\_\_\_\_  
*School / Department*

My last day of work will be on \_\_\_\_\_ and my effective date of retirement/resignation will  
*Date*  
be: \_\_\_\_\_  
*Date*

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

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

*I certify that this is executed by me voluntarily and of my own free will.  
Pursuant to ARUESD Board Policy, this resignation/retirement may not hereafter  
be withdrawn.*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*