

RESIGNATION

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 tender my resignation as a/n
with Lompoc Unified School District.

Effective at the end of the day:

For the following reason:

Employee Signature: _____

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