



## CERTIFICATED HUMAN RESOURCES LETTER OF RESIGNATION

Name (Please Print Full Name) \_\_\_\_\_ Date \_\_\_\_\_

Present School/Site \_\_\_\_\_ Position \_\_\_\_\_

Employee Classification: \_\_\_\_\_ Certificated      \_\_\_\_\_ Walk-on Coach      \_\_\_\_\_ Management

Reason for Resignation:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>___1. Health</li> <li>___2. Pregnancy</li> <li>___3. Child Care</li> <li>___4. Transportation</li> <li>___5. Marriage</li> <li>___6. Working Hours</li> <li>___7. Illness or Death in Family</li> <li>___8. Join Spouse</li> <li>___9. Personal Reasons</li> <li>___10. Retirement</li> </ul> | <ul style="list-style-type: none"> <li>___11. Refusal to Grant Leave of Absence</li> <li>___12. Return to School</li> <li>___13. Stay Home</li> <li>___14. Other Employment</li> <li>___15. Job Dissatisfaction</li> <li>___16. Personal Business Venture</li> <li>___17. Military Service</li> <li>___18. Organization Reasons</li> <li>___19. Other</li> </ul> |
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<b>Current Address:</b>	<b>New Address, if applicable:</b>
<b>Telephone Number:</b>	<b>New Telephone Number, if applicable:</b>

***I hereby tender my resignation for the reason(s) noted above. Such resignation is to become effective at the close of business (the last day on paid status) \_\_\_\_\_.***

***If retirement, my first day on retirement status is \_\_\_\_\_.***  
*Month/Day/Year (This is the retirement date with STRS/PERS)*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:		
Received Date _____	Effective Date _____	Years of Service _____
Human Resources Approval _____		Date _____
Signature		
Date to Payroll _____	Date to Supervisor _____	Date to Tech _____
Data Entry/Reports: <input type="checkbox"/> Escape <input type="checkbox"/> Personnel Activity Report <input type="checkbox"/> Position Control <input type="checkbox"/> Benefits <input type="checkbox"/> Seniority List		