



COMPTON UNIFIED SCHOOL DISTRICT
Human Resources
 501 S. Santa Fe Ave.
 Compton, CA 90221

Telephone: (310) 639-4321, Ext. 55041
 Fax: (310) 764-5892

Resignation Form

(Complete all sections. Please submit this form to Human Resources)

 Last First and Middle Social Security (Last 4 digits only) Certified
 Classified

 Street Address City State Zip Code Telephone

 Job Title Assigned Location Teachers Only: Subject/Grade Level

RESIGNATION

Effective Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Employment, another District |
| <input type="checkbox"/> Family Responsibility | <input type="checkbox"/> Enhanced Health and welfare benefits |
| <input type="checkbox"/> Marriage or Joining Spouse | <input type="checkbox"/> Promotional opportunity |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Better Pay |
| <input type="checkbox"/> Returning to School | <input type="checkbox"/> Closer to Home |
| <input type="checkbox"/> Teaching in Foreign Country | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Moving | |
| <input type="checkbox"/> Changing Profession | |

RETIREMENT

Effective Date: _____

Note: It is the responsibility of the employee to contact STRS OR PERS regarding retirement benefits.

 Signature of Employee Date

 Site Administrator Date

 Senior Director – Classified Personnel Date

 Executive Director – Human Resources Date

Accepted

ACCEPTANCE will be delayed until suitable replacement is available.