



WESTMINSTER SCHOOL DISTRICT

14121 Cedarwood Ave.
Westminster, CA 92683

Date Received in HR

NON-REVOCABLE RESIGNATION/RETIREMENT NOTICE
CERTIFICATED / CLASSIFIED PERSONNEL

PLEASE PRINT/TYPE ALL INFORMATION

NAME: Last Name First Name M. Initial
EMPLOYEE PHONE
ADDRESS: NUMBER:
EMPLOYEE NUMBER: WORK LOCATION:
JOB TITLE: ASSIGNMENT/GRADE:
SUPERVISOR: LAST WORKING DAY:
DATE OF RESIGNATION: DATE OF RETIREMENT:
REASON FOR RESIGNATION:

Please complete anonymous exit survey : https://www.surveymonkey.com/r/wsdexitsurvey

EMPLOYEE SIGNATURE: DATE:
Signature

By initialing here and signing this form I understand that my resignation/retirement is non-revocable per Board
Policy # 4117.2 and # 4217.2

RECEIVED BY SUPERVISOR: DATE:
Signature

RECEIVED BY HUMAN RESOURCES
ASST. SUPERINTENDENT OR EX. DIRECTOR DATE:
Signature

Input into HR 2.0 DATE:

Exit Interview scheduled: DATE: