HUMAN RESOURCES RESIGNATION/RETIREMENT NOTICE

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Name:	Personal email address:				
(Please print/type full name)					
Mailing Address:					
(Address)	(City, State)	(Zip Code)			
Position:F	PSL # Site/Department:				
Employee Classification: Certificated	d Classified Management				
\square Retirement \square Resignation Re	eason for Resignation:				
Retirement will become effective upon ac assign the resignation or retirement effective.	/Retirement and acknowledge that said Request for Resceptance by the Superintendent or designee, who will stive date, rendering it irrevocable from that point forwall district property (e.g., technology, keys, etc.) and will to	subsequently ard.			
all personal belongings, prior to my Resign					
Last Day Worked:	_ Effective Resignation or Retirement Date:(Cannot be	ast day worked.)			
	ployee Signature)				
	Dated: erintendent or Designee)				
To ensure prompt payment of your final pay we Returning Personnel Form (Page 2) to the Hur Salary Clearance form must be in the Business this form serves as an inventory control of many	warrant, employees will need to turn in a completed Salary Cl man Resources Department, prior to your last workday. A sign of Soffice before the final payroll warrant will be issued. The proterials and equipment for which responsibility is assumed by the Notice to HR Inform Immediate Supervisor of Resignation/Reti	earance for Non- med copy of the imary purpose of the employee.			
HR Staff Mandatory Steps prior to the last day wo	orked:				
 □ Risk Management Dept.: Benefits end at the en □ Risk Management Dept.: Inform retirees to sche □ HR: Request Exit Interview (Optional) □ HR: Salary Clearance Form Turned In YES □ NO 		Office)			

Resignation/Retirement Notice Attachment

SALARY CLEARANCE FORM FOR NON-RETURNING PERSONNEL

To ensure prompt payment of your final pay warrant, personnel leaving the District must obtain signatures, as indicated below. Signatures may be gained in any order, except that the Human Resources department must be last. A signed copy of this form must be in the Business Office files before the final payroll warrant will be issued.

For less than 12-month employees, please be alert to the possibility of your final paycheck being less than what you anticipated. This can occur if you are being paid in equal monthly payments, which do not correspond with actual time worked. If you have concerns related to this possibility, please contact the Payroll Department. Lastly, please note that Summer withholdings, if any, will be paid at the end of July.

(Please Print/Ty	pe Full Name)			
osition:	PSL#	Site/Departn	nent:	
mployee Classification	n: 🗆 Certificated	☐ Classified	☐ Management	
Key(s) □ Time	Card □ Fob □ (T	urn in all office, buil	ding, desk keys, ID badge)	
Principal/Administ	rator: (Signature)		Dated:	_
Technology Equip	ment □ Faculty R	eceipt Attached □	No equipment □	
IT Site Tech/Depa	rtment: (Signature)		Dated:	
Resignation/Retir	ement Form Sa	lary Clearance Form	n 🗆	
Human Resources	: (Signature)		Dated:	
For Payroll Office use onl			Rev. August 29,	2024
Received Salary Cl	earance Form from HR	☐ Time Card ☐	Copy of Salary Clearance to Employe	ee 🗆