

BELLFLOWER UNIFIED SCHOOL DISTRICT

NOTICE OF RESIGNATION/RETIREMENT

Date: _____

☐ Certificated

☐ Classified

Please accept this form as notification of my: ☐ RESIGNATION ☐ RETIREMENT

EID: _____

Email: _____

Employee Name (legal name): _____

Address: _____
Street address City State Zip Code

Cell Phone: _____ Home Phone: _____

My last day of work for the Bellflower Unified School District will be: _____

Your resignation date should be your last day of paid service.

The effective date of your retirement should be the day after your last day of paid service.

Job Title: _____ Location/Site: _____

COMMENTS:

Signature of employee: _____ Date: _____