



PERSONNEL RESIGNATION & RETIREMENT FORM

Employee Name _____

Position/Title _____ Building _____

Effective Date of Resignation _____

Certificated Personnel: All requests for release before the end of a contracted period are approved only upon finding a replacement.

Reason for Resignation:

Retirement DRS Retirement Date _____
Number of years employed in education _____

Resignation
_____ New job in another WA school district
_____ New job **not** in another WA school district
_____ Other _____

Contact information for future correspondence:

Address _____ Phone _____

_____ Personal e-mail _____

I plan to continue working in the District as a Substitute Employee: _____ Yes _____ No

Employee Signature

Date

Supervisor/Principal Signature

Date

_____ Human Resources Approval	_____ Date	_____ Board Approval Date
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