

NOTIFICATION OF INTENT TO RESIGN/ RETIREMENT

SECTION (A) – TO BE COMPLETED BY EMPLOYEE

I, _____ WISH TO _____ AT THE END OF THE WORKDAY ON ____/____/____
(NAME) (RESIGN/ RETIRE) (DATE)

JOB TITLE: _____ WORK LOCATION: _____

I AM TAKING THIS ACTION FOR THE FOLLOWING REASONS:

(YOU MAY ATTACH AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)

TRANSITIONING TO A CERTIFICATED POSITION: _____ EFFECTIVE DATE: ____/____/____
(RESIGNATION IS PENDING BOARD APPROVAL FROM CERTIFICATED PERSONNEL FOR THE POSITION YOU WILL BE ASSUMING)

EMPLOYEE'S SIGNATURE: _____ DATE: ____/____/____

REVIEWED BY: _____ DATE: ____/____/____
(NAME OF IMMEDIATE SUPERVISOR)

NOTE: THE IMMEDIATE SUPERVISOR MUST COMPLETE THE COMMENTS IN SECTION "B" OF THIS FORM BELOW, AND RETURN NO LATER THAN FIVE (5) DAYS TO CLASSIFIED PERSONNEL OFFICE.

IF THIS BOX IS CHECKED, SEE ATTACHED RESIGNATION.

THIS OFFICE WILL ACCEPT OTHER SIGNED AND DATED RESIGNATIONS FROM PRESENT OR FORMER EMPLOYEES IN LIEU OF SECTION "A" ABOVE BEING COMPLETED. HOWEVER, SECTION "B" MUST STILL BE COMPLETED AND SIGNED-OFF BY THE EMPLOYEE'S PRESENT OR FORMER SUPERVISOR.

CLASSIFIED PERSONNEL OFFICE USE ONLY

DATE FORWARDED TO SITE LOCATION FOR COMPLETION OF SECTION "B": ____/____/____

SECTION (B) – TO BE COMPLETED BY THE SITE ADMINISTRATOR

COMMENT ON THE EMPLOYEE'S GENERAL SERVICE WITH YOU:

(YOU MAY ATTACH AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)

DO YOU RECOMMEND THAT WE RE-EMPLOY THIS PERSON? Yes No

HAS THE EMPLOYEE RETURNED ALL OFFICE PROPERTY? Yes No (If "No", THE PAYROLL DEPARTMENT MUST BE NOTIFIED IMMEDIATELY)

SITE ADMINISTRATOR'S SIGNATURE: _____ DATE: ____/____/____

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RECEIVED BY: _____ DATE RECEIVED: _____

BOARD AGENDA DATE: _____