SAN BENITO SCHOOLS

HUMAN RESOURCES

LETTER OF RESIGNATION/RETIREMENT

Certified: _____ Classified: _____

Name: _____

Employee ID: _____

Date: _____

Address: _____

City/State/Zip Code: _____

Email address: _____

Telephone Number: _____

Acknowledgment

I hereby _____ from my position as a _____
(resign or retire)

Campus/Department: _____

Effective Date: _____

Reason for resignation or retirement: _____

_____

_____

As per DEC (LOCAL), might request the following:

Please check as applicable: (These days are subject to verification by HR & Payroll)

I am requesting to be paid unused leave: _____

I am requesting to use unused leave: _____

NOTE

SBCISD will only pay up to 30 days, in accordance with policy DEC Local.

Employee's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

NOTES:

_____

_____

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