



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

RESIGNATION NOTIFICATION CERTIFICATED

To: PERSONNEL SUPPORT SERVICES

From (please print): _____

Position: _____ Location/Site: _____

Effective Date of Resignation _____
(Last Working Day)

Retirement Date: _____
(For STRS retirement, this date must be after the last working day)

Reason: _____

Comments: _____

Signature: _____ Date: _____

Board of Trustees

April Purkiss, Area 1 • Mike Pacheco, Area 2 • Heidi Matthies Dodd, Area 3 • Juan I. Saucedo, Area 4 • Jill Leonard, Area 5

Superintendent

Dr. Ryan Lewis, Ed D.