SANTA MARIA INDEPENDENT SCHOOL DISTRICT

Request for Release & Exit Form

Office of Human Resources

Name:	Last Four of SSN:
Position:	Campus/Dept:
Last Workday:	Is this resignation in order to retire? ☐ Yes ☐No
Mailing Address * City, State & Zip:	
Personal Email & Phone Number:	

1) Why have you decided to leave the district?

2) Have you returned all district property (keys, white RFID card, technology devices, etc.) to your campus/department?

☐Yes ☐No ☐Not Applicable ☐In Process

It is recommended that ten (10) working days of notice be given from the date of acceptance of your Request for Release Form in order for the district to make the necessary transition. You will be released contingent upon a suitable replacement or as directed by District Administration.

Signature Below:

Requestor:	Date: / /
*Campus/Department Leader:	Date: / /
Superintendent of Schools:	Date: / /

**Campus/Department Leader: Verify all district property has been returned before signature*

All part-time and full-time employees must complete this document.
Submit the original document to the HR Department for processing.

HR@SMISD.NET

Revised 08/2026