



Resignation/Retirement Form

COMPLETE AND SUBMIT TO HR:

Name: _____ EIN: _____

Current Job Title: _____

Please indicate if you are resigning or retiring: _____

Projected Last Date of Work: _____

Last Date of Paid Status: _____

Personal Email Address (for Payroll/HR communication after retirement): _____

Please notify Human Resources if you use any vacation or sick leave after you have submitted this form. In addition, if retiring, please complete any necessary paperwork with your applicable retirement system, such as CalSTRS or CalPERS. Please note that whether you resign or retire, that you may not return to work for the District in any capacity for six months and one day.

By signing below you agree to return all District property including keys on or before your last day.

Signature

Date

*Reference: **Education Code Sections 87730; 88201** Board Approved 4/09/03*

The Board shall accept the resignation of any employee and shall fix the time when the resignation takes effect, which shall not be later than the close of the academic year during which the resignation has been received by the Board.

An employee who plans to resign or retire from employment in the District is requested to notify his/her department head and the Human Resources Office at least two (2) weeks prior to the last day of employment.

The Board delegates the authority and duty to accept employee resignations to the District Superintendent/President.

Resignations shall be deemed accepted by the Board when accepted in writing by the Superintendent/President. When accepted by the Superintendent/President, the resignation is final and may not be rescinded. All such resignations shall be forwarded to the Board for ratification.