

Empl ID <input type="text"/>	Name (Last, First, Middle) <input type="text"/>		
Location Number <input type="text"/>	Effective Date (Last Day in Paid Status) <input type="text"/>		<input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Food Service
School or Department <input type="text"/>		Subject / Grade or Position Assigned <input type="text"/>	
I hereby request the Board of Education to accept my resignation for reasons of: <input type="checkbox"/> Service Retirement <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Other Employment - Non-teaching <input type="checkbox"/> Other Employment - Teaching <input type="checkbox"/> Moving From Area <input type="checkbox"/> Home Responsibilities <input type="checkbox"/> Other _____ _____ _____		Employee's Signature <input type="text"/>	
		Date Submitted <input type="text"/>	
		Permanent Address (Number, Street, City, Zip Code) <input type="text"/>	
		Principal or Dept. Head's Signature <input type="text"/>	Date Signed <input type="text"/>

For HRSD Use Only

Director	Personnel Asst.	Credentials	Board Date	Review
Acknowledgement	Date Received	Retirement	Reason Code	# Vacation Days to be Pd.

We would appreciate if you would go online and complete the SDUSD Exit survey. Thank you

<https://bit.ly/30jyqUm>