

Empl ID <input type="text"/>	Name (Last, First, Middle)			
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		Subject / Grade or Position Assigned		
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		Date Submitted
		Permanent Address (Number, Street, City, Zip Code) _____		
		Principal or Dept. Head's Signature		Date Signed

◆————— 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 it if you would go online and complete the SDUSD Exit survey. Thank you!

<https://forms.gle/sAhBsE68ScTSGdmj7>