



**SANTA PAULA UNIFIED SCHOOL DISTRICT
PERSONNEL COMMISSION
Human Resources-Classified Office**

RESIGNATION FORM

PLEASE PRINT

I, _____, do hereby submit my resignation to the
(Full Name)

Santa Paula Unified School District from my position as _____
(Position Title)

at _____ effective _____.
(Location/School Site) (Date/Last work date)

Please check reason for leaving: Retirement Resignation Other (Please specify):

If you are moving, please provide your new address and phone number:

Address

City

State

Zip Code

Phone (_____) _____

Signature of Employee

Date

RETURN TO HUMAN RESOURCES - CLASSIFIED

TO BE COMPLETED BY HUMAN RESOURCES - CLASSIFIED

cc: Date to Payroll/Benefits _____ Salary Upon Termination: Range/Step _____ / _____ Salary \$ _____ Monthly/Hourly

Date for: Position Control _____ Personnel Activity Report _____ Seniority _____ Escape _____

Employee Work History _____ Former employee list _____ Remove from NCLB list (if applicable) _____

Remove from District Server _____ Notify Maintenance _____ Notify Supervisor/Dept. _____ E-Schools _____