



RESIGNATION FORM FOR CLASSIFIED EMPLOYEES

To school/department administration:

This standard form has been developed to provide better documentation for the resignation of classified employees. Please provide a copy of this form to any classified employee in your school/department who has informed you of his/her intent to resign, rather than having them write a letter, as in the past.

To resigning classified employee:

Please fill out this form completely and return it to the personnel department prior to resigning from school district employment. Your cooperation in providing the information requested on this form will be greatly appreciated in order to assist in the systematic processing of your resignation. Thank you.

I, _____, desire to resign from my position
(print name)

_____ at _____
(classification) (location)

and from the Santa Barbara School Districts for the following reason(s):

Personal reasons Relocation Educational opportunity Better job opportunity/salary

Other: _____

My last day of work will be: _____
(month, day, year)

Additional comments:

(signature)

(date)

Address/Forwarding Address: _____
