

ROUTING	
a)	Employee
b)	Principal/Department Head
c)	Human Resources

**ABC UNIFIED SCHOOL DISTRICT
CERTIFICATED EMPLOYEE RESIGNATION FORM**

Name _____
Last
First
Middle

Telephone () _____ Employee ID Number _____

Address _____
Number
Street
City
Zip Code

School _____ Grade/Subject _____

I hereby resign from my position as a certificated employee of the ABC Unified School District. This resignation is to be effective at the close of work on the following date. **(If you are retiring, your last day with the District must be prior to your retirement effective date.)**

_____ Date

Reason _____

I qualify for health benefits under the District's Early Retirement Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> If you are retiring from the ABC Unified School District, please contact our Fringe Benefits Office <u>immediately</u> to receive information regarding changes to your health insurance as a retiree. 		
I plan to work with the District as a CalSTRS retiree.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> Prior to returning to work in any capacity as a CalSTRS retiree, your doctor must complete a medical form required by the LACOE Certification and Retirement Section. This form is available at Human Resources. 		

Employee's Signature _____ Date _____

Principal/Supervisor's Remarks _____

Principal/Site Administrator's Signature _____ Date _____

In accordance with Board Policy 4017.2, this resignation has been accepted and acted upon as the Chief Administrative Office of this District.

Assistant Superintendent HR's Signature _____ Date _____