



RESIGNATION or RETIREMENT FORM

PLEASE READ BEFORE COMPLETING THIS FORM:

1. This form may be completed by any employee resigning or retiring from the Woodlake Unified School District.
2. An employee submitting a resignation is requested to give the reason(s) for resignation.

Board Policy 4117.1 (certificated bargaining unit members); and **Board Policy 4217.1** (classified bargaining unit members), provide that *“The Board authorizes the Superintendent or designee to accept the written resignation of an employee and to set its effective date, which shall not be later than the close of the school year. The resignation shall become effective on the date set by the Superintendent or designee and may not be withdrawn by the employee.”*

With the exception of the signature line, please print all information

Check one:

1. Please accept my **Resignation** _____ Please accept my **Retirement** _____
2. _____
Payroll Name
3. _____
Employee Social Security Number
4. _____
Title of Position
5. _____
School or Department and Subject or Grade
- Certificated Classified
6. _____
Home Address
- _____ City, State, and Zip
7. I request that my resignation or retirement be made effective at the close of the **work day** on:
(Month) _____ (Day) _____ (Year) _____
8. Reason for Resignation: _____

Employee's Signature Date Principal Signature Date

For office use only:

Acceptance of Resignation or Retirement:
Effective date per **Board Policy 4117.1 & 4217.1**

Effective Date

Superintendent or Designee's Signature