



NOTICE OF RESIGNATION/RETIREMENT FORM

- Certificated Classified Management/Confidential/Supervisory Substitute/Hourly Daily

_____		_____
First Name	Last Name	Personal Email Address
_____		_____
Mailing Address		Home Phone
_____	_____	_____
City	State	Zip
_____		_____
		Cell Phone

POSITION INFORMATION:

_____	_____	_____
Position/Title	Work Days/Months	Hours per Day
_____	_____	
School Site/Service Area	Last Day of Employment with Rialto USD	

I hereby tender my: Resignation Retirement-first day of retirement is: _____

Reason for Resignation:

- Personal Decision Accepted Other Employment Attend College/Training
- Other: _____
- Moving from the area. Forwarding address is:

_____	_____	_____	_____
Street	City	State	Zip Code

- I would like to be placed on the substitute list in my classification pending the approval of the Lead Personnel Agent.

Signature: _____ Date: _____

For Personnel Use Only:

Accepted by: _____ Date: _____ Authorized by: _____ Date: _____

Board Approval Date: _____ Letter Mailed: _____ Address Change: _____

Vacancy List: _____ Frontline: _____ EPICS: _____ SmarteHR: _____

Admin/Site Notified: _____ IT Notified: _____ Benefits Notified: _____

Employee #: _____ Position #: _____ PSR Requested: _____

Personnel Services