SUHSD - HUMAN RESOURCES DIVISION
431 West Alisal Street, Salinas, CA 93901

LETTER OF RESIGNATION/RETIREMENT

☐ Resignation ☐ Retirement

☐ Classified ☐ Certificated ☐ Management

☐ MCSIG ☐ CVT

Name:_____ SSN:_____

Job Classification:_____ Work Location:_____

I hereby resign from my position. My last work day will be: _____ 20___
for the following reason(s):_____.

I understand and I am fully aware that my Health and Welfare Benefits and or Less than 6 Hour Benefits will terminate at the end of the month on _____, 20 ___.

OR

I hereby plan to retire from the SUHSD effective:_____ ___
and my last work day will be:_____.

Please check Retirement Plan: ☐ PERS ☐ STRS

Employee Signature: _____ Date:_____

Forwarding Address: _____

_____
CITY STATE ZIP

Recommended by Principal:_____ Date:_____

APPROVED BY:

_____ _____
Assistant Superintendent of Human Resources Date

NOTE: *For those employees contributing to the Public Employees' Retirement System (PERS), contact the Personnel Specialist, Human Resources Division, for information regarding your retirement contribution.*

ESC _____ AESOP ____ BD_____
BEN _____ PERS_____ SERV ____
LTR _____

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