

Weaver Union School District

1240 D Street  
Merced, Ca. 95341  
209-723-7606

Resignation Notice

I, \_\_\_\_\_ will be leaving my position of  
(Employee's Name)

\_\_\_\_\_ at \_\_\_\_\_ School.

My last day of employment will be \_\_\_\_\_ .  
(Date)

Reason(s) for leaving position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

Employee ID #: \_\_\_\_\_

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**Human Resources**

Received by H.R.: \_\_\_\_\_

Board Approved: \_\_\_\_\_

**Payroll / Insurance / Position Control**

Date Sent: \_\_\_\_\_