



Lemoore Union Elementary School District Notice of Resignation Form

I _____ hereby resign from the following position
Name

_____ at _____
Position Title Site/Department

My last day of work will be _____, 20_____.

I am resigning for the following reason (*please choose one*):

- | | | |
|---|--|---|
| <input type="checkbox"/> Other Career Opportunities | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Work Location |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Salary/Wage | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Employment Conditions | <input type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Workplace Culture/Values |
| <input type="checkbox"/> Pursuing Further Education | | |

Other Notes: _____

Would you work for LUESD again in the future? Yes No

Would you recommend employment with LUESD to a friend? Yes No

By signing this resignation, I declare that I have notified my school site or department and have given sufficient notice. By signing, I also understand my responsibility to turn in any keys, ID Badges, security items, and/or confidential information to my supervisor no later than my last date of employment, unless otherwise specified by mutual agreement between myself and LUESD.

Signature: _____ Date: _____

Address: _____

Phone: _____

Received by: _____ Date: _____

Completed forms should be returned to the Human Resources Department at the District Office.