



# Aromas-San Juan Unified School District

## Human Resources Department

### Notice of Resignation/Retirement

Certificated                       Classified

Print Full Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_  
(Important for mailing pay warrants, W-2, COBRA billing, etc)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Position Title (Include Grade): \_\_\_\_\_ Site/Department: \_\_\_\_\_

I am submitting this notification for one or more of the following reasons:

- |   |  |
|---|--|
| <input type="checkbox"/> Retirement (STRS or PERS)    | <input type="checkbox"/> Financial circumstances |
| <input type="checkbox"/> Another job opportunity      | <input type="checkbox"/> Personal Reasons        |
| <input type="checkbox"/> Commute                      | <input type="checkbox"/> Relocate                |
| <input type="checkbox"/> Continuing education         | <input type="checkbox"/> Salary/Benefits         |
| <input type="checkbox"/> Dissatisfied with supervisor | <input type="checkbox"/> Work environment        |
| <input type="checkbox"/> Family circumstances         | <input type="checkbox"/> Other                   |

If other, please explain:

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

Resignation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retirement Date with Retirement Agency: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

Employee ID: \_\_\_\_\_ Position Number: \_\_\_\_\_ Last Day in Paid Status: \_\_\_\_/\_\_\_\_/\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Add to Board Agenda  | <input type="checkbox"/> AESOP                |
| <input type="checkbox"/> Exit Survey          | <input type="checkbox"/> Update Google Sheets |
| <input type="checkbox"/> Update QSS           | <input type="checkbox"/> Education Database   |
| <input type="checkbox"/> PAF to Payroll       | <input type="checkbox"/> IT                   |
| <input type="checkbox"/> MARS Form (benefits) | <input type="checkbox"/> Term File            |

\_\_\_\_\_  
HR Coordinator Signature

\_\_\_\_\_  
Date