



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

RETIREMENT / RESIGNATION NOTIFICATION FORM

CERTIFICATED

CLASSIFIED

TO: Human Resources Management

FROM: _____
Employee Name

EMPLOYEE ID#: _____

DATE: _____

Please accept this notice as my: **RETIREMENT** **RESIGNATION**
(Please mark one)

from the Alum Rock Union Elementary School District as a _____
Classification
at _____
School / Department

My last day of work will be on _____ and my effective date of retirement/resignation will
Date
be: _____
Date

Reason for Resignation: _____

I may be reached at: _____
Address

City State Zip

Area code and phone number

I certify that this is executed by me voluntarily and of my own free will.

Employee's Signature

Date

Supervisor's Signature

Date

Director, Human Resources Department

Date