



NOTICE OF RESIGNATION/RETIREMENT FORM

Certificated Classified Management/Confidential/Supervisory Substitute/Hourly Daily

_____		_____
First Name	Last Name	Personal Email Address
_____		_____
Mailing Address		Home Phone
_____		_____
City	State	Zip
_____		Cell Phone
_____		_____

POSITION INFORMATION:

_____		_____	_____
Position/Title		Work Days/Months	Hours per Day
_____		_____	
School Site/Service Area		Last Day of Employment with Rialto USD	

I hereby tender my: Resignation Retirement-first day of retirement is: _____

Reason for Resignation:

Personal Decision Accepted Other Employment Attend College/Training

Other: _____

Moving from the area. Forwarding address is:

_____	_____	_____	_____
Street	City	State	Zip Code

I would like to be placed on the substitute list in my classification pending the approval of the Lead Personnel Agent.

Signature: _____ Date: _____

For Personnel Use Only: Accepted by: _____ Date: _____

Board Approval Date: _____ Letter Mailed: _____ Address Change: _____

Vacancy List: _____ Frontline: _____ EPICS: _____ SmarteHR: _____

Admin/Site Notified: _____ IT Notified: _____ Benefits Notified: _____

Employee #: _____ **Position #:** _____ **PSR Requested:** _____