



Walnut Valley Unified School District
880 S. Lemon Avenue, Walnut, CA 91789
Phone: (909) 595-1261 Fax: (909) 444-3432

NOTICE OF RESIGNATION / RETIREMENT

Resignation

Retirement

Walnut Valley Unified School District Board of Trustees,

I, _____ wish to resign/retire my employment
in the Walnut Valley Unified School District.

I work at: _____ My position is: _____
(School/Department) (Job Title)

CLASSIFIED – My last day of work will be: _____

CERTIFICATED – I am requesting my last day of work to be: _____

Reason for resignation: _____

Signature: _____ Date: _____

Human Resources Office Use Only:

Last Day of Service: _____

Reason: _____

Work Location: _____

Birth Date: _____

Start Date: _____

Years of Service: _____

Administrator's Signature

Date