

NEW HAVEN UNIFIED SCHOOL DISTRICT

NOTICE OF RETIREMENT/RESIGNATION

To Personnel Services:

I, _____, _____, _____, _____

Employee Name

SS# (last 4 digits)

Position

at _____ inform the New Haven Unified School District of my intention to:

Site

() **RESIGN*** My last day of work will be: _____.

Reason: _____

() **RESIGN** My last day of work will be: _____,

and I accept the position as a _____ at _____

Effective: _____

() **RETIRE*** My last day of work will be: _____.

* District may act on filling a vacancy once a resignation or retirement is accepted and approved by a personnel administrator. Board action will follow recommendation from personnel.

Employee Signature

Date _____

Principal/Supervisor Signature

Date _____

Personnel Administrator Signature

Date _____