



NORTH MONTEREY COUNTY UNIFIED SCHOOL DISTRICT

RESIGNATION FORM

From: _____

Name

Work Location: _____ Job Title: _____

Forwarding Address: _____

New phone number

I hereby resign from my position effective: _____

Last Working Day

for the following reason(s): _____

Additional Comments (Optional): _____

Employee signature: _____ Date: _____

Please submit to supervisor who will initial form and fill out reverse side.

Supervisor notified of resignation: _____

Initials

Date

IMPORTANT-SUPERVISOR PLEASE FAX RESINATION TO HUMAN RESOURCES IMMEDIAATELY TO 633-5189