DUBLIN UNIFIED SCHOOL DISTRICT

Name: _____ Last 4 of SSN: _____
(Please Print)

Position: _____ Site: _____

RESIGNATION

☐ **I hereby resign my position of (title)** _____

or

☐ **I hereby request to resign a portion of my position as follows:**

_____

☐ **My last day of work will be:** _____

RETIREMENT

☐ **I am retiring from the District through:** **PERS** ☐ **STRS** ☐

☐ **My last day of work will be:** _____

☐ **My first day of retirement will be:** _____

_____
Street Address City State Zipcode

_____ _____
Phone Number Email Address

_____ Date_____
Employee Signature

_____ Date_____
Principal/Supervisor Signature

_____ Date_____
Assistant Superintendent HR

* District may only act on filling a vacancy once a resignation or retirement is accepted and approved by the Assistant Superintendent of Human Resources. Board action will follow recommendation from Human Resources.

Note for employees with Benefits: Medical coverage will continue through CalPERS if you are currently enrolled in one of the district's medical plans unless payroll is notified otherwise. The deduction will automatically be withdrawn from your STRS/PERS retirement checks.