



COMPTON UNIFIED SCHOOL DISTRICT  
Human Resources

Telephone: (310) 639-4321, Ext. 55041  
FAX: (310) 764-5892

**Resignation Form**

(Complete all sections. Please submit this form to Human Resources)

_____		_____		_____	
Last, First and Middle		S. S. #(Last 4 digits only)		Classified Certificated	
_____					
Street Address		City	State	Zip Code	Telephone
_____					
E-mail address					
_____					
Job Title		Assigned Location		Teachers Only: Subject/Grade Level	

**RESIGNATION,**  
effective close of work (give exact date) \_\_\_\_\_

- |  |   |
|--|---|
| _____ <b>Retirement</b><br><i>(Note: It is the responsibility of the employee to contact STRS or PERS regarding retirement benefits)</i> | _____ <b>Personal</b>                     |
| _____ <b>Disability</b>  | _____ <b>Returning to School</b>          |
| _____ <b>Employment, Other District</b>  | _____ <b>Teaching in Foreign Country</b>  |
| _____ <b>Family Responsibility</b>   | _____ <b>Moving</b>                       |
| _____ <b>Marriage or Joining</b>   | _____ <b>Other (please specify)</b> _____ |
| _____ <b>Spouse</b>  |   |
| _____ <b>Changing Profession</b>   |   |

_____	_____	
Signature of Employee	Date	
_____	_____	
Site Administrator	Date	
_____	_____	
Senior Director - Classified Personnel	Date	
_____	_____	
Chief Human Resources Officer/ Senior Director – Human Resources	Date	Accepted *

\* ACCEPTANCE will be delayed until suitable replacement is available.