



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

_____ Teachers Only:

 Job Title
 _____ Assigned Location
 _____ Subject/Grade Level

RESIGNATION,

effective close of work (give exact date) _____

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

_____ Signature of Employee _____ Date

_____ Signature of Site Administrator _____ Date

_____ Signature of Personnel Commission Administrator or Designee _____ Date

_____ Signature of Human Resources Administrator or Designee _____ Date _____ Accepted

ACCEPTANCE will be delayed until suitable replacement is available.