



Oxnard School District
 1051 South A St.
 Oxnard, CA 93030
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HUMAN RESOURCES Notification of Resignation / Retirement

Name (Please Print Full Name) _____ Date _____

Position _____ PSL # _____ Present School/Site _____

Employee Classification: _____ Certificated _____ Classified _____ Management

Reason for Resignation:

Resignation

Retirement

Reason: _____

Current Address:	New Address, if applicable: Effect Date: _____
Telephone Number:	New Telephone Number, if applicable:
	Personal Email:

I hereby tender my resignation for the reason(s) noted above. Such resignation is to become effective at the close of business (the last day in paid status) _____.

Month/Day/Year

If retirement, my first day of retirement status is _____.
Month/Day/Year (day after last day in paid status)

I hereby acknowledge that I will turn in all district property (technology/ keys etc.) prior to my resignation.

Employee's Signature _____ Date _____

For Office Use Only:		
Received Date _____	Effective Date _____	Years of Service _____
Human Resources Approval _____		Date _____
Signature		
Date to Payroll _____	Date to Supervisor _____	Date to IT _____
Data Entry/Reports: <input type="checkbox"/> Escape <input type="checkbox"/> Personnel Activity Report <input type="checkbox"/> Benefits <input type="checkbox"/> Personnel File <input type="checkbox"/> Other: _____		