



OXNARD SCHOOL DISTRICT

11051 South "A" Street • Oxnard, California 93030 • 805/385-1501

RETIREMENT

Name: _____

Position: _____

Address: _____

City	State	Zip Code
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Location/Department: _____

Phone: _____

Supervisor: _____

Retirement Date: _____

Last Day of Work: _____

Current Contract End Date (Certificated Employees Only) _____

This Notice of Retirement is Effective Immediately Upon Submission to the Human Resources Department and is Irrevocable

Signature

Date