



OXNARD SCHOOL DISTRICT

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

RESIGNATION

Name: _____

Position: _____

Address: _____

City	State	Zip Code
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Location/Department: _____

Phone: _____

Supervisor: _____

Last Day of Work: _____

Current Contract End Date (Certificated Employees Only): _____

This Notice of Resignation is Effective Immediately upon Submission to the Human Resources Department and is Irrevocable

Signature

Date

RESIGNATION

Human Resources would like to ask you to take a few minutes to fill out an exiting interview. This presents the Oxnard School District with an excellent opportunity for management to determine the real reason behind your resignation. This will prove useful in evaluating overall policies and procedures by generating information about the organization and the management practices

1. Please indicate your reason for leaving: Check the appropriate area

<input type="checkbox"/>	Leaving area	<input type="checkbox"/>	Secure better position
<input type="checkbox"/>	Returning to school	<input type="checkbox"/>	Dissatisfied with:
<input type="checkbox"/>	Health issues	<input type="checkbox"/>	Type of work
<input type="checkbox"/>	Family circumstances	<input type="checkbox"/>	Working conditions
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	Salary
<input type="checkbox"/>	Other	<input type="checkbox"/>	Supervision
<input type="checkbox"/>		<input type="checkbox"/>	Other

Comments:

2. How would you rate the following in relation to your position?

	Excellent	Good	Average	Poor
Opportunity for professional growth				
Staff relations				
Orientation to job				
Adequacy of training				
Communication within department				
Cooperation with other departments				
Workload				
Overall working conditions				

Comments:

3. What is your opinion of the following:

	Excellent	Good	Average	Poor
Overall impressions of OSD				
Benefit package				
Salary and other compensation				
Training and materials required to do my job				
Equipment provided				

WORK EXPERIENCES:

1. Why are you leaving?
2. Are there any changes or improvements that would have prevented you from leaving?
3. What did you like most about working for the Oxnard School District?
4. What did you like least?
5. What changes would you suggest?
6. Would you consider working for OSD again? (circle one) YES NO
7. Do you have any suggestions for ways to make the work environment more pleasant and productive?
8. Could anything have been done to prevent your leaving OSD? If yes, please explain.

Thank you for taking time to provide this feedback. Your information will be kept confidential and will be used to make improvements in our practices and procedures.