

DIXON UNION SCHOOL DISTRICT

RESIGNATION / RETIREMENT FORM

After reading and completing this form, please be sure to sign and date. Return this form immediately to Human Resources.

PERSONAL INFORMATION	
Name:	Date:
<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified
<input type="checkbox"/> Confidential / Management	<input type="checkbox"/> Substitute
Job Title:	Work Site:
Employee ID:	
Phone #:	E-mail:
PLEASE NOTE: Employee is responsible for informing the HR Department of any change of address for the purpose of mailing income tax statements, benefit information, etc. If moving from the area, forwarding address is:	
Physical Address:	
City:	State:
Zip Code:	
Mailing Address (if different from above):	
City:	State:
Zip Code:	
RESIGNATION INFORMATION	
Reason For Resignation (check all that apply):	
<input type="checkbox"/> Personal Decision	<input type="checkbox"/> Accepted Other Employment
<input type="checkbox"/> Moving From Area	<input type="checkbox"/> Attend College / Training
<input type="checkbox"/> Retirement	<input type="checkbox"/> Other – Explain:
Last day of work (close of the school or business day):	Have You Ever Paid Into A Retirement System?
	<input type="checkbox"/> YES – STRS <input type="checkbox"/> YES – PERS <input type="checkbox"/> NO
Effective Date Of Retirement From District (If Applicable):	Effective Date Of Retirement From System (If Applicable):
EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE	
I acknowledge that I have carefully read and fully understand the provisions under the following DUSD Board Policies BP 4117.2 for Certificated, BP 4217.2 for Classified and BP 4317.2 for Administrative/Supervisory Personnel	
Employee Signature _____	Date _____
TRANSFER OF EARNED SICK LEAVE	
In accordance with California Education Code Section 44979, 44980 and 45202, any employee of any school district, county superintendent of schools, or community college district who has been employed for a period of one calendar year or more whose employment is terminated for reasons other than action initiated by the employer for cause and who subsequently accepts employment with another California school district or county superintendent of schools within one year of the termination of his or her former employment, may request to have transferred, with him or her, to the school district or county superintendent of schools the total amount of earned leave of absence for illness.	

OFFICE USE ONLY

Completed Form Received By:	Date Received:
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