



DIXON UNIFIED SCHOOL DISTRICT

RESIGNATION / RETIREMENT FORM

I hereby submit my voluntary Resignation Retirement

This resignation is unconditional, effective, and irrevocable upon receipt by the undersigned Superintendent's designee as "approved". I understand it is my responsibility to turn in my keys, technology equipment, phone, badge, equipment, etc., to my site administrator. Return items to District Office during summer months.

PERSONAL INFORMATION

Name: _____ Employee ID: _____

Certificated Classified Confidential / Management Substitute

Title of Position: _____ Work Site: _____

Phone Number: () _____ Personal 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):
 Personal Decision Accepted Other Employment Job Dissatisfaction
 Moving From Area / Closer to Home Attend College / Training Other – Explain: _____

Last day of work (close of business day): _____ I have contacted my Retirement System?
 YES – STRS YES – PERS N/A

I would like to request an exit interview with HR:
 YES NO Effective Date Of Retirement From System (If Applicable): _____

EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge that I have carefully read the above 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

OFFICE USE ONLY








Completed Form Received By:	
Approved by Superintendent's Designee:	
Site/Department Notified:	



DIXON UNIFIED SCHOOL DISTRICT Resignation/Retirement Checklist of Items to Return

Note: Ensure that employee fills out and submits the Resignation/Retirement Form and submit to Human Resources Department immediately.

Departing Employee Name:

 <input type="checkbox"/> Keys	Date Collected: <hr/> Notes:
 <input type="checkbox"/> Badge (Technology Services)	Date Collected: <hr/> Notes:
 <input type="checkbox"/> Laptop Computer or Other Electronic Device Questions: ext 8080	Date Collected: <hr/> Date Technology Svcs Notified: <hr/> Notes:
 <input type="checkbox"/> Books (Site/Department)	Date Collected: <hr/> Notes:
 <input type="checkbox"/> Supplies (Site/Department)	Date Collected: <hr/> Notes:
 <input type="checkbox"/> Other District Property	Date Collected: <hr/> Notes:
 <input type="checkbox"/> Technology Services (Remove Employee From District Network Access, i.e., Escape, Email, Aeries, etc.) Questions: ext 8080	Date Requested: <u>Request for Access to Network Services and Email to Remove Access:</u> <hr/> Notes:

Completed by Office Coordinator / Department: _____