



NOTICE OF RESIGNATION/RETIREMENT

RESIGNATION

RETIREMENT

TO: TRUSD Board of Trustees/Human Resources Department

I, _____ wish to resign/retire from employment in the Twin Rivers Unified School District.

Job Title: _____

Work Location: _____

CLASSIFIED – My last day of work will be: _____

CERTIFICATED – I am requesting my last day of work to be: _____

(NOTE: Requests with separation dates prior to the last contracted day are subject to approval)

The reason I am resigning (if applicable) is:

Signature: _____

Date: _____

Once received in Human Resources, this resignation/retirement is irrevocable.